

Field Trip Planning Form

This form is to be used when students take any trip off campus for school purposes.

School: Mann Elementary Grade(s): 5 Class/Activity Group/Team: All 5th Grade
 Teacher/Sponsor/Coach: Julie Johnson Cell Phone Number: 859 242 8151
 Person trained with current medication administration training CPR/FA/AED credential Julie Johnson

Destination Venue, Location and State: Conner Prairie, Fishers IN

Trip Location Contact Person: Julia Luke Phone Number: 317-776-6000

Teachers: 7 # Students: 128 # Chaperones: 50 Adult/Student Ratio: 1:3

Date(s) & Times Departure Date: <u>April 25, 2024</u> Time: <u>8:00</u> <u>AM</u> / <u>PM</u> Return Date: <u>April 25, 2024</u> Time: <u>5:45</u> <u>AM</u> / <u>PM</u>	Cost Total Cost: \$ <u>45.00</u> Funding Source: <u>Students</u> Fee to be assessed to students: \$ <u>45.00</u> Attach Student Activity Cost Form 09.15 AP.23	Transportation <input type="checkbox"/> District Bus/Van <input checked="" type="checkbox"/> Charter Bus: <u>Executive Charter</u> Approved Bid - Company Name <input type="checkbox"/> Other: <u>Attach a copy of Charter Bus Contract.</u>
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Meals	At school prior to departure <input type="checkbox"/>	Student Packed <input checked="" type="checkbox"/> Location where packed lunches will be consumed: <u>Shelherhouse</u> School Cafeteria Packed <input checked="" type="checkbox"/> ^{Super sack option}
	Student Purchase Restaurant <input type="checkbox"/> (Name and location of each stop)	Name & Location: Name & Location:
Over Night	Date: <u>N/A</u>	Lodging:
	Date: <u>N/A</u>	Lodging:

Trip Purpose and Core Content/learning targets: C.P. is an interactive historical park / 4.G.HI.1

Special Student Circumstances: Review rosters for students who require handicapped accessibility, students not participating, other: 1 wheelchair

If any medication is listed on the parent permission form, someone must be identified and trained to administer medications. Consult with the school nurse to see who is permitted to give routine and/or emergency medications in the state(s) where the trip is planned. This form may not be submitted to Central Office for Board consideration until you have listed who will be administering all medications and the nurse has ensured that they are trained and authorized.

Name of trained administrator(s) of routine and emergency medications: All teachers

School Nurse Initials: *JB for verification that medications administrator listed above received training.

Due Date: _____ to turn in Roster and completed Parent Permission Slips for nurse's final review.

The following items have been completed or are in process. (Teacher/Sponsor/Coach must initial below)

- N/A I have viewed the field trip video for teachers/sponsors/coaches found on the district website
- I have attached an anticipated Trip Itinerary
- I have evaluated the trip site for potential hazards/special requirements
- I have an event-specific emergency action plan for the trip site and will distribute to all personnel attending the event in an official capacity.
- Funds have been secured for indigent students
- If needed, background checks for chaperone approval have been initiated
- Plans have been made for students who currently have medication orders on file at the school, to receive routing medications (trained employee for KY trips and states where approved, nurse, or parent attending):

Teacher/Sponsor/Coach Signature: Julie Johnson Date: 9/5/24

School-Related Student Trip Request Form**EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)**

FOR

ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUSDestination/Venue Conner PrairieVenue Address 13400 Allisonville Road, Fishers INPerson or email contacted at venue to discuss EAP Julia LukePosition/Title of person contacted Guest Relations Education CoordinatorDate (s) of contact Latest = 8/22/24Is there an Automatic External Defibrillator (AED) on site yes no? Is it regularly maintained? yes no? If yes, where is it located? Multiple locations / see attached mapDoes venue have an emergency response team (ERT) yes no?Process to request AED and/or ERT if needed at the scene contact Julia or any staff memberWill a portable AED be taken from school on this trip yes no? If yes, who will be responsible for oversight and location of AED? _____Is any other assigned emergency equipment available on field trip? yes no

If so, list location of equipment _____

The school personnel or volunteer attending in an official capacity who is in charge of the student is responsible for the main components of the EAP.

The main components of this Cardiac Emergency Action Plan that need to be communicated include:

- Location of AEDs.
- If possible, how to gain access.
- Steps that must be taken quickly to initiate the chain of survival.
 - Recognition of a sudden cardiac arrest event (assume cardiac arrest in anyone who is collapsed and unresponsive and not breathing).
 - Call 911 using cell phone or other means of communication.
 - Begin Hands-Only CPR (push hard and fast in center of chest about 100 times/minute).
 - Retrieve and use the nearest AED.
 - Continuing supporting the victim until the local EMS arrives and takes over care; and
 - Direct EMS to the scene.

○ APPROVAL SIGNATURES REQUIRED

- CHECK ALL BOXES BELOW THAT APPLY TO THIS TRIP REQUEST AND SECURE ALL REQUIRED SIGNATURES

○ Principal: C. Crogger Date: 9/06/24○ Required for all trips

○ Superintendent/Designee: _____ Date: _____

○ Overnight Trips

○ Board of Education: _____ Meeting Date: _____

○ Submit forms to Superintendent/Designee for review and submission to the Board for approval.

○ Travel outside the Tri-State area of KY, OH, (IN)○ Common Carrier contract including cost○ Common Carrier Transportation Reason for using a Charter Bus/Plane: Out of State - IN

○ All field trip forms requiring Board approval must be completed and submitted by Deadline for next Board meeting.

CONNER PRAIRIE

STEP INTO THE STORY

Transaction Date: 08/22/2024

Order #: 14061916

Mann Elementary School
Julie Johnson
10435 US Hwy 42
Union, KY 41091-9528

Phone: (859) 384-5000

Email: julie.johnson@boone.kyschools.us

Thank you for your reservation. You are confirmed for the following program(s):

Date: 4/25/2025

Reservation Name: Mann Elementary School - Johnson

Notes:

Start Time: 10:00AM

End Time: 3:00PM

Group Type: SchoolTour-4th Grade

Payment Due: 4/25/2025

128	School Tour - Student	X	\$8.00 =	\$1,024.00
20	School Tour - Chaperone	X	\$8.00 =	\$160.00
5	School Tour - Teacher	X	\$0.00 =	\$0.00
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153				\$1,184.00

Julie Johnson

10:00 AM	School Tour
11:00-11:30 AM	School Tour Animal Encounters
12:00-12:30 PM	School Tour Lunch

If your school has 50% or more of students that are economically disadvantaged, as indicated by the Indiana Department of Education, your school may be eligible for the Transportation Fund. For more information and to apply click [here](#).

Executive Charter, Inc.
 1810 Monmouth St. Newport KY 41071
 859-261-8841
 reservations@executivetransportation.org

Account Name: **SHIRLEY MANN ELEMENTARY** Acct ID: **3845000**

Address: **10435 US HIGHWAY 42 UNION, KENTUCKY 41091**

Client Contact: **JULIE JOHNSON** Phone#: **8593845000**

4/25/2025 7:30:00AM	SHIRLEY MANN STUDENTS	Confirmation# 3034564
MOTOR COACH 55	FROM: SHIRLEY MANN ELEMENTARY / 10435 US 42 UNION, KY 41091	FARE: \$1,545.00
	TO: CONNER PRAIRIE / 13400 ALLISONVILLE RD. FISHERS, IN 46038	TIPS: \$50.00
TRIP REMARKS:		
WAIT & RETURN START @ 2:45PM		
CONTACT: JULIE JOHNSON		
Order has more than 1 vehicle (3)		Total Fare \$1,595.00

4/25/2025 7:30:00AM	SHIRLEY MANN STUDENTS	Confirmation# 3034566
MOTOR COACH 55	FROM: SHIRLEY MANN ELEMENTARY / 10435 US 42 UNION, KY 41091	FARE: \$1,545.00
	TO: CONNER PRAIRIE / 13400 ALLISONVILLE RD. FISHERS, IN 46038	TIPS: \$50.00
TRIP REMARKS:		
WAIT & RETURN START @ 2:45PM		
CONTACT: JULIE JOHNSON		
Order has more than 1 vehicle (3)		Total Fare \$1,595.00

4/25/2025 7:30:00AM	SHIRLEY MANN STUDENTS	Confirmation# 3034567
MOTOR COACH 55	FROM: SHIRLEY MANN ELEMENTARY / 10435 US 42 UNION, KY 41091	FARE: \$1,545.00
	TO: CONNER PRAIRIE / 13400 ALLISONVILLE RD. FISHERS, IN 46038	TIPS: \$50.00
TRIP REMARKS:		
WAIT & RETURN START @ 2:45PM		
CONTACT: JULIE JOHNSON		
Order has more than 1 vehicle (3)		Total Fare \$1,595.00

Invoice Total: \$4,785.00