

**Field Trip Planning Form**

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

School: Donner HS Grade(s): 9-12 Class/Activity Group/Team: Girls Soccer  
 Teacher/Sponsor/Coach: Mike Hughes Cell Phone Number: 859-512-9454  
 Person trained with current medication administration training CPR/FA/AED credential: Mike Hughes

BATON ROUGE TN 37138

Destination Venue, Location and State: ROCKY TOP SPORTS WORLD 1870 SPORTS WORLD BLVD  
 Trip Location Contact Person: IAN HARPER Phone Number: 865-712-8592

# Teachers: 1 # Students: 22 # Chaperones: 3 Adult/Student Ratio: \_\_\_\_\_

<b>Date(s) &amp; Times</b> Departure Date: <u>9/5/25</u> Time: <u>900</u> AM/PM <input checked="" type="radio"/> Return Date: <u>9/7/25</u> Time: <u>500</u> AM/PM <input checked="" type="radio"/>		<b>Cost</b> Total Cost: \$ <u>TBD</u> Funding Source: _____ Fee to be assessed to students: \$ _____ Attach Student Activity Cost Form 09.15 AP.23		<b>Transportation</b> <input type="checkbox"/> District Bus/Van <input type="checkbox"/> Charter Bus: <u>PARENT-SELF</u> <input checked="" type="checkbox"/> Approved Bid - Company Name <input checked="" type="checkbox"/> Other: _____ Attach a copy of Charter Bus Contract.		
<b>Meals</b>	At school prior to departure <input type="checkbox"/>		Student Packed <input type="checkbox"/>		Location where packed lunches will be consumed: _____	
	School Cafeteria Packed <input type="checkbox"/>		Name & Location: _____		Name & Location: _____	
<b>Over Night</b>	Date: <u>9/5/25</u>	Lodging: <u>PARENTS / SELF ACCOMP</u>				
	Date: <u>9/7/25</u>	Lodging: <u> " " "</u>				

Trip Purpose and Core Content/learning targets: Soccer tournament

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

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: Mike Hughes

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

Due Date: 8/22/25 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: [Signature] Date: 9/27/24

**School-Related Student Trip Request Form**

**EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)**

FOR

**ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS**

Destination/Venue Rocky Top Sports World

Venue Address 1890 Sports World Blvd Gatlinburg TN 37738

Person or email contacted at venue to discuss EAP Vann Harper

Position/Title of person contacted \_\_\_\_\_

Date (s) of contact \_\_\_\_\_

Is there an Automatic External Defibrillator (AED) on site?  yes  no? Is it regularly maintained?  yes  no? If yes, where is it located? \_\_\_\_\_

Does venue have an emergency response team (ERT) yes  no?

Process to request AED and/or ERT if needed at the scene \_\_\_\_\_

Will 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: [Signature] Date: 9/26/21

○  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: \_\_\_\_\_

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