

E-MAILED
Field Trip Planning Form

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

School: RK COOPER H.S. Grade(s): 10-12 Class/Activity Group/Team: SLC
 Teacher/Sponsor/Coach: Jeri Gaska Cell Phone Number: 513-313-5253
 Person trained with current medication administration training CPR/FA/AED credential: Jeri Gaska
NASC LEAD Conf.
 Destination Venue, Location and State: Sheraton Grand Riverwalk Chicago, IL
 Trip Location Contact Person: Jeri Gaska Phone Number: 513-313-5253
 # Teachers: 1 # Students: 4-6 # Chaperones: 0 Adult/Student Ratio: 1 to 6 max

Date(s) & Times		Cost	Transportation
Departure Date: <u>Fri Jan 31</u>		Total Cost: \$ <u>708 per student</u>	<input type="checkbox"/> District Bus/Van
Time: <u>Approx 8</u> AM/PM		Funding Source: <u>SLC club funds</u>	<input type="checkbox"/> Charter Bus:
Return Date: <u>Sun Feb 2</u>		Fee to be assessed to students:	Approved Bid - Company Name
Time: <u>Approx 8</u> AM/PM		\$ <u>250 for airfare</u>	<input checked="" type="checkbox"/> Other: <u>Commercial Airline</u>
		Attach Student Activity Cost Form 09.15 AP.23 (Breakdown attached)	Attach a copy of Charter Bus Contract.
Meals	At school prior to departure <input type="checkbox"/>	Student Packed <input type="checkbox"/>	Location where packed lunches will be
	<u>N/A</u>	School Cafeteria Packed <input type="checkbox"/>	consumed: _____
	Student Purchase Restaurant <input checked="" type="checkbox"/>	Name & Location: <u>TBD in Chicago - Student choice</u>	
	(Name and location of each stop)	Name & Location: <u>Meals w/conf at Hotel</u>	
Over Night	Date: <u>Fri Jan 31</u>	Lodging: <u>Sheraton Grand Riverwalk, Chicago</u>	
	Date: <u>Sat Feb 1</u>	Lodging: <u>" " "</u>	

Trip Purpose and Core Content/learning targets: attached

Special Student Circumstances: Review rosters for students who require handicapped accessibility, students not participating, other: N/A

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: Jeri Gaska

School Nurse Initials: [Signature] for verification that medications administrator listed above received training.

Due Date: 1/10/24 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
- N/A If needed, background checks for chaperone approval have been initiated
- N/A 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: Jeri Gaska Date: 11-10-24

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

FOR

ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue NASC LEAD CONFERENCE - CHICAGO
 Venue Address Sheraton Grand Riverwalk, Chicago, IL
 Person or email contacted at venue to discuss EAP chiasguestservices@marriott.com
 Position/Title of person contacted Jordan, Sheraton Security Team
 Date (s) of contact November 12, 2024

Is there an Automatic External Defibrillator (AED) on-site ☒ yes ☐ no? Is it regularly maintained? ☒ yes ☐ no? If yes, where is it located? located in conference room areas & two on hotel floors

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

Process to request AED and/or ERT if needed at the scene contact Front Desk

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: 11/13/24
 ○ ☒ 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 - Commercial airline no contract
 ○ ☐ 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.

Itinerary and justification attached

RATIONALE:

This is Cooper's 11th year as an NASC (National Assoc. of Student Councils) member. For all but one year we have attended a LEAD Conference and it has helped guide us to being a National Council of Excellence. This three day conference, although expensive is one of the best conferences that I have attended as a teacher and the students came back armed with ideas, improved leadership skills and new experiences. Many of the ideas have been put into action. Additionally last year at the conference, two students completed student leader certification training at the conference and now have the opportunity to earn scholarships. We would like to continue the tradition by having more students attend. Additionally at each location we have included educational tours on Friday AM and Sunday afternoon, including a Chicago city tour, Washington DC city tour, and a special guest tour of the Pentagon.

As an adviser, I am committed to providing the students with chances to learn how to become effective leaders both through their own trial and error experiences, modeling and opportunities to observe other successful student leaders. The LEAD conference is a wonderful opportunity to meet with students from all over the country as well as international attendees the past few years and not only to grow personally, but also to grow as future leaders.

Thank you for considering this opportunity for Cooper High School students.

SLC Adviser

Jeri Giska

COST:

SLC covers the cost of the hotel and conference registration and they vote on how many delegates we should send. The number will range from 4- 6 students grades 10-12.

We fly because it would be cost prohibitive to get a bus for the small group and the adviser does not wish to drive during the winter.

Adviser pays for her own hotel and transportation by choice
Students pay for their own transportation, 2 meals and incidentals.

Cost per student:

Registration	\$299
Hotel	\$159 plus tax
Airfare	\$250
Total	\$708

NASSP ITINERARY

Friday, January 31 Saturday, February 1 Sunday, February 2

Day	Time	Program
Friday	9:00 am-5:00 pm	Registration
Friday	1:00-6:00 pm	Exhibit Hours
Friday	3:00-4:15 pm	Opening General Session - Joint (all attendees)
Friday	4:30-6:00 pm	Service Project & Networking Activities
Friday	4:30-6:00 pm	Adviser Session/Reception
Friday	6:00-10:00 pm	Dinner/Evening on Your Own

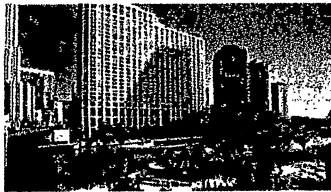
Friday, January 31 Saturday, February 1 Sunday, February 2

Day	Time	Program
Saturday	7:30 am-5:30 pm	Information Desk
Saturday	8:00 am-5:30 pm	Exhibit Hours
Saturday	8:00-9:00 am	Breakfast
Saturday	9:15-10:15 am	NHS/NJHS General Session
Saturday	9:15-10:15 am	NASC Specific Concurrent Sessions
Saturday	10:15-10:30 am	Break/Transition
Saturday	10:30-11:30 am	Concurrent Sessions
Saturday	11:45 am-1:00 pm	Lunch
Saturday	1:15-2:15 pm	Concurrent Sessions
Saturday	2:30-3:30 pm	NASC General Session

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Hotel Information & Pricing



Sheraton Grand Chicago Riverwalk

301 E North Water Street
Chicago, IL 60611
(312) 464-1000

We are pleased to offer discounted NASC Conference group rates below. Please add 17.4% tax per room, per night, to each respective rate.

- \$169 - Triple Occupancy
- \$179 - Quad Occupancy
- \$159 - Single/Double Occupancy

We recommend booking your stay as soon as possible. This special group rate will only be available until Monday, January 6, 2025, OR until the hotel sells out.