

Field Trip Planning Form

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

School: Ryle HS. Grade(s): 9-12 Class/Activity Group/Team: DECA
 Teacher/Sponsor/Coach: Schnelle Cell Phone Number: 859.814.4509
 Person trained with current medication administration training CPR/FA/AED credential _____

Destination Venue, Location and State: Orlando Convention Center/Drury Plaza Disney Springs
 Trip Location Contact Person: _____ Phone Number: 407-500-1011

Teachers: 1 # Students: Approx. 30 # Chaperones: 3 Adult/Student Ratio: 1:10

Date(s) & Times		Cost		Transportation		
Departure Date: <u>4/25/25</u>		Total Cost: \$ <u>TBD</u>		<input type="checkbox"/> District Bus/Van		
Time: <u>TBD</u> AM/PM		Funding Source: <u>students + fundraising</u>		<input type="checkbox"/> Charter Bus:		
Return Date: <u>4/30/25</u>		Fee to be assessed to students:		Approved Bid - Company		
Time: <u>TBD</u> AM/PM		\$ <u>TBD</u>		Name <u>Air - TBD</u>		
		Attach Student Activity Cost Form 09.15 AP.23		<input type="checkbox"/> Other: _____		
				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 consumed: _____	
	School Cafeteria Packed <input type="checkbox"/>					
Over Night	Student Purchase Restaurant <input checked="" type="checkbox"/>		Name & Location: <u>various</u>			
	(Name and location of each stop)		Name & Location:			
Over Night	Date: <u>4/25 - 4/30</u>		Lodging: <u>Drury Plaza - Disney Springs</u>			
	Date:		Lodging:			

Trip Purpose and Core Content/learning targets: DECA International Competition

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: Elizabeth Schnelle

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

Due Date: 8-20-24 to turn in Roster and completed Parent Permission Slips for nurse's final review.

The following _____ 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
- GAS I have attached an anticipated Trip Itinerary
- GAS I have evaluated the trip site for potential hazards/special requirements
- GAS 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.
- GAS Funds have been secured for indigent students
- GAS If needed, background checks for chaperone approval have been initiated
- GAS 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: GASchnelle Date: 8/15/24

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

FOR

ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue Dining Plaza - Disney Springs
 Venue Address 2000 Hotel Plaza Blvd. Lake Buena Vista, FL 32830
 Person or email contacted at venue to discuss EAP Victoria
 Position/Title of person contacted Case Guest Service Expert
 Date (s) of contact 9/16/2024

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? Elizabeth Schnell

Is any other assigned emergency equipment available on field trip? ☐ yes ☒ no Portable

If so, list location of equipment Traveling with AED

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: _____ Date: _____

○ ☐ 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.

4/25 - 4/30/25

**No change fee for all flights**

You can change these flights without paying a fee if plans change. Because flexibility matters.

Cincinnati to Orlando

8:05am - 10:13am (2h 8m nonstop)

▲ Delta • Fri, Apr 25

Show details ▾

Change flight

Orlando to Cincinnati

6:30pm - 8:47pm (2h 17m nonstop)

▲ Delta • Wed, Apr 30

Show details ▾

Change flight

Your fare: Main Cabin

✕ Priority boarding not allowed

Get more with Delta Comfort Plus

- ✓ Priority boarding included
- ✓ Extra seat space
- ✓ Enhanced comfort

See all fares

Upgrade now

+\$100

Roundtrip per traveler

Seats

- ✓ Seat choice included

Choose your seats

Price summary

Traveler 1: Adult	\$387.95
Flight	\$332.79
Taxes and fees ①	\$55.16
Traveler 2: Adult	\$387.95
Flight	\$332.79
Taxes and fees ①	\$55.16
Traveler 3: Adult	\$387.95
Flight	\$332.79
Taxes and fees ①	\$55.16
Traveler 4: Adult	\$387.95
Flight	\$332.79
Taxes and fees ①	\$55.16
Traveler 5: Adult	\$387.95
Flight	\$332.79
Taxes and fees ①	\$55.16
Traveler 6: Adult	\$387.95
Flight	\$332.79
Taxes and fees ①	\$55.16

Trip total \$2,327.70

Rates are quoted in US dollars

Check out

**Free cancellation**

There's no fee to cancel within 24 hours of booking.