



Health Science Department
Bourbon County High School
3341 Lexington Road
Paris, Kentucky 40361



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January 29, 2025

Bourbon County Board of Education
3343 Lexington Road
Paris, Kentucky 40361

Dear Members:

I am requesting approval to travel with six students to the HOSA State Leadership Conference in Louisville, March 20-22, 2025. We will be staying at the Crowne Plaza Louisville Airport.

HOSA: Future Health Professionals is a Career and Technical Student Organization, and an active chapter is a required part of the health science pathway.

The required paperwork and itinerary are attached. Thank you in advance for your consideration.

Best regards,

A handwritten signature in black ink that reads "Michelle Patrick". The signature is written in a cursive, flowing style.

Michelle Patrick, RN
Health Science Instructor/HOSA Sponsor
Bourbon County High School
HCATC Satellite Program
3341 Lexington Road
Paris, KY 40361

Cell 859-707-6888
BCHS 859-987-2185, ext. 4136
Fax 859-987-5850
michelle.patrick@bourbon.kyschools.us

School-Related Student Trip Forms

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

School: Bourbon High School Grade(s): 9-12 Class/Activity Group/Team: HOSA State Conference Team
 Teacher/Sponsor/Coach: Michelle Patrick Cell Phone Number: 859-707-6888
 Person trained with current medication administration training CPR/FA/AED credential: Michelle Patrick, RN
 Destination Venue, Location and State: Crowne Plaza Hotel, Louisville KY (Airport)
 Trip Location Contact Person: Kathi Lucky Phone Number: 502-380-4164
 # Teachers: 1 # Students: 6 # Chaperones: - Adult/Student Ratio: 1:6

Date(s) & Times Departure Date: <u>3/20/25</u> Time: <u>2:00</u> AM/PM Return Date: <u>3/20/25</u> Time: <u>2:00</u> AM/PM		Cost Total Cost: <u>\$70 transportation</u> Funding Source: <u>self/fundraising</u> Fee to be assessed to students: <u>\$70 (registration fee)</u>		Transportation <input checked="" type="checkbox"/> District Bus/Van <input type="checkbox"/> Charter Bus: Approved Bid – Company Name <input type="checkbox"/> Other: Attach a copy of Charter Bus Contract.	
Meals	At school prior to departure <input checked="" type="checkbox"/> <u>lunch</u> Student Purchase Restaurant <input checked="" type="checkbox"/> <u>dinner@</u> (Name and location of each stop) <u>hotel</u>		Student Packed <input type="checkbox"/> Location where packed lunches will be consumed: School Cafeteria Packed <input type="checkbox"/>		
			Name & Location: Name & Location:		
Over Night	Date: <u>3/20/25</u> Date: <u>3/20/25</u>		Lodging: <u>Crowne Plaza - Louisville Airport</u> Lodging: <u>Crowne Plaza - Louisville Airport</u>		

Trip Purpose and Core Content/learning targets: (Required CTS) participation in HOSA State Conference
 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: Michelle Patrick, RN

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

Due Date: 3/11/25 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)

- ☒ 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
- ☒ 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: _____ Date: _____

School-Related Student Trip Request Forms**EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)****FOR****SCHOOL SANCTIONED NONATHLETIC EVENT HELD OFF-CAMPUS**Destination/Venue Crowne Plaza Louisville AirportVenue Address 830 Phillips Lane, Louisville KY 40209Person or email contacted at venue to discuss EAP Kathi LuckyPosition/Title of person contacted Group Rooms CoordinatorDate (s) of contact 1/24/25Is there an Automatic External Defibrillator (AED) on site ☒ yes ☐ noIf yes, where is it located? ① 1st Floor @ Security Desk ② Registration Desk ③ front lobbyDoes venue have an emergency response team (ERT)? ☒ yes ☐ noProcess to request AED and/or ERT if needed at the scene All advisors who will be present are healthcare professionalsWill 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.

School-Related Student Trip Request Forms**APPROVAL SIGNATURES REQUIRED****CHECK ALL BOXES BELOW THAT APPLY TO THIS TRIP REQUEST AND SECURE ALL REQUIRED****SIGNATURES**Principal: *J E Nicoulin* Date: *1/29/25*☐ 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.

☐ Includes a Student Fee☐ Travel outside the Tri-State area of KY, OH, IN☐ Common Carrier Transportation Reason for using a Charter Bus/Plane: _____*All field trip forms requiring Board approval must be completed and submitted to the Superintendent/designee ten (10) days prior to the Board meeting. Incomplete or late forms cannot be accepted and may result in trip cancellation.***UPON APPROVAL, THIS FORM WILL BE RETURNED FOR FINAL PREPARATIONS**☐ Provide a copy of this approved form to the bookkeeper and request Purchase Orders for all expenses☐ Make reservation with the venue☐ Make transportation arrangements☐ Send out completed Principal approved Parent Permission Forms.☐ Confirm receipt of Parent Permission Forms & authenticate signatures. Send reminders, if needed.☐ Collect fees using the Multiple Receipt Form and turn funds into the Bookkeeper daily.☐ Confirm parents requesting to chaperone are on the approved list and begin assignment of chaperones to students. Parents of students who require emergency and/or routine medications should be invited to chaperone if they are on the approved list.☐ Consult with Cafeteria Manager on lunch arrangements, including number of students that will be out of the building if lunch is not provided through the Cafeteria.☐ Two weeks prior to the trip date, submit a student roster and all completed parent permission slips to the School Nurse for medications and/or specific adaptations approval. ☐ Confirm that personnel trained in medication administration, as needed and CPR/FA/AED will attend. Name of trained personnel _____☐ Cost for nursing, if applicable, shall be arranged and paid by the school.School Nurse Signature: *EPH* Date: *1/29/25***ON THE DAY OF THE TRIP**☐ Provide chaperone orientation (video, etc.)☐ Provide office with a list of chaperones & cell numbers☐ Take student medications in original labeled bottle☐ Take parent permission slips with you on the trip☐ Give office copies of all parent permission slips
(Retain for one (1) year)☐ Post attendance prior to leaving☐ Take student lunches (if applicable)☐ Take classroom emergency kit☐ Take required payments☐ Provide copy of event specific EAP to all personnel
attending in an official capacity, including cell numbers for
all (Retain for one (1) year)

School-Related Student Trip Request Form**REQUEST AND AUTHORIZATION FOR FIELD TRIP USING BOARD OWNED VEHICLE**

This form should be in the Central Office at least **fourteen (14) for in state and thirty (30) for out of state days** to the departure. Attach detailed itinerary/agenda to this form.

Policy 09.36 and corresponding Administrative Procedures must be followed with necessary paperwork completed on a timely basis.

*From: Michelle Patrick *Date: 1/28/25
Name of Requestor Date of Request

*For: HOSA Competitive Events Team *Number of Students: 5-6
Class or Grade

**Proposed trip to: HOSA State Leadership Conference - Crowne Plaza Louisville Airport

**Date and estimated time of departure: 3/20/25 @ 2:00 PM

**Date and estimated time of return: 3/22/25 @ 2:00 PM

*Educational objective: HOSA Leadership Conference/Competitive Events

Type of Vehicle needed:

* Board owned: ☒ Bus ☐ Van ☐ Sedan

Number of Passengers: 6-7

Not Board owned: ☐ Common Carrier ☐ Other (specify), _____

Number of Passengers: _____

*Will students be charged: ☐ Yes ☒ No If yes, how much? Transportation

Other financing: _____

*Teacher(s) in charge of trip: Michelle Patrick

*Additional chaperones: N/A

*Has/will parental permission be/been obtained for each student? ☒ Yes ☐ No

Will you or one of your chaperones, as a certified driver, be the driver for the trip? ☒ Yes ☐ No

If yes, give driver's name: Michelle Patrick Remarks: _____

☐ Student list has been reviewed by the Principal ☐ Student list was given to the Attendance Clerk

☒ Student list has been reviewed by the School Nurse Nurse Signature [Signature]

OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE

*Trip approved: [Signature] Driver assigned: _____
Principal's Signature Name of Driver

*Charge trip to: _____ Central Office approval: _____

Vehicle assigned: _____ Head Mechanic Initials: _____

FOR DRIVER USE-RETURN COMPLETED FORM TO CENTRAL OFFICE AFTER TRIP

Vehicle checked for safety and fuel: ☐ Yes ☐ No Bus Number: _____

Odometer reading (beginning of trip): _____ Odometer reading (end of trip): _____

Depart Date: _____ Time: _____ Mileage: _____

Return Date: _____ Time: _____ Mileage: _____

ACCOUNTANT USE-RETAIN FOR FILE

Mileage charge: \$ _____ per mile for _____ miles equals \$ _____.

Driver's Pay: \$ _____ Charged to: _____

Activity Fund

Date Paid: _____

*Required Fields to be completed

**If Request is for multiple trips (i.e. sports teams), do not complete this field – Complete a Multi-Trip Sheet

KY HOSA SLC 2025

General Sessions Schedule

Thursday, March 20, 2025 Conference Schedule

TIME	ROOM	EVENT	ATTIRE
Depart BCHS at approximately 2PM, arrive at Crowne Plaza Louisville Airport by 4PM			
12:00p-6:30p	HOSA HQ	Registration **Round 2 Qualifiers (including offsite bus times) and Event Appointment Times will be available	
12:00p-5:00p	Parking Lot	HealthForce1 Kentucky Mobile Learning Unit	
1:00p-4:00p	Franklin	Officer Candidate Interviews By Appointment – Officer AND Advisor	Official HOSA Uniform or suit option
5:00p-6:15p	Crowne A, B, C	Opening Session – Power Surge Schools Adair-ILead	HOSA Casual
5:00p	Elliott	Ramadan	
6:30p-7:45p	Crowne A, B, C	Opening Session - Power Surge School Teams Jeffersontown-Woodford	HOSA Casual
7:00p-10:00p	Exhibit Hall	Silent Disco	HOSA Casual
7:30p-11:00p	Oldham	Charging Station(Games) Hosted by	HOSA Casual
7:30p-11:00p	Madison	Charging Station:	HOSA Casual
7:30p-11:00p	Perry	Charging Station (Games & Jenga): Hosted by Bullitt Allied Health	HOSA Casual
7:30p-9:30p	Crowne Ballroom Hallway	Officer Campaign	
7:50p	Elliott	Ramadan	
8:00p-8:30p	Hancock	Talent Show Check In	
8:00-9:00pm	Whitley	President's Reception	
9:00p	Elliott	Ramadan	
11:00p		Curfew	

Friday, March 21, 2025 Conference General Sessions Schedule

TIME	ROOM	EVENT	ATTIRE
7:30a-8:30a	HOSA HQ (Elliott)	Registration	
7:45a-2:15p	HOSA HQ (Elliott)	Judges Check In (30 minutes prior)	
8am-9:00am	Crowne A	Officer Candidate Meet and Greet for Voting Delegates	Candidate & Delegates: Official HOSA uniform/suit option
8:00a-3:00p	Crowne C	Recharge Zone: Open seating/eating area	
8:00a-3:00p	Exhibit Hall	Exhibitor Set-Up (8:00-8:30a) Exhibitors (8:30a-3:00p)	
9:00a-11:00a	Crowne A	Voting Delegate Session	Official HOSA Uniform or Suit Option
8:20a-8:25a	HOSA HQ	Off Site Events Assemble for Departure Bus times will be given during registration (CL,CPR,DS,NA,PT,VS)	
8:30a-3:00p	Room 626	Advisor Networking Room	
9:00a-3:00p	Parking Lot	HealthForce1 Kentucky Mobile Learning Unit	
9:00a-3:00p	Shelby	SYMPOSIUMS-See BAND app for session titles	HOSA Casual or Suit Option
9:00a-3:00p	Elliott	SYMPOSIUMS-See BAND app for session titles	HOSA Casual or Suit Option
12:00p-3:00p	Trimble	SYMPOSIUMS-See BAND app for session titles	HOSA Casual or Suit Option
10:20a-10:25a	HOSA HQ	Off Site Events Assemble for Departure Bus times will be given during registration(BT,CN,EMT,MA,PHL,RX,SM)	
1:00p-3:00p	Crowne A	State Officer & Officer Candidate Practice for Recognition Session	
1:45p	Hancock	Ramadan	
1:00p-4:00p	Parking Lot	Mobile Blood Drive	
3:00p-4:00p	Room 626	Alumni Reception	
4:00p-7:00p	Exhibit Hall	Photo Booth	
4:30p-5:00pm 5:00p-5:30pm 5:30p-6:00pm 6:00p-6:30pm	Crowne A, B, C	Evening Meal (OPEN SEATING – SEE REGISTRATION PACKET FOR TIME)	HOSA Casual
5:00p	Russell	Ramadan	
5:00p-6:45p	Crowne A	Officer Awards Practice- Current State Officers & Candidates	HOSA Official
7:30p-9:00p	Crowne A, B, C	Recognition Session	HOSA Official
7:45p-9:15p	Shelby	Ramadan	
9:15p-11:00p	Elliott	Executive Council (Current & Newly Elected) HOSA Business Attire Required for Pictures	
9:30p-11:00p	Taylor	Bingo	HOSA Casual
9:30p-11:00p	Crowne A	Talent Show	HOSA Casual
9:30p-11:00p	Madison	Charging Station-Karaoke Hosted by	HOSA Casual
9:30p-11:00p	Oldham or Perry	Charging Station (Games)	HOSA Casual
11:00p		Curfew	

Saturday, March 22, 2024 Conference Schedule

TIME	ROOM	EVENT	ATTIRE
7:00a-12:30p	Knox, Jefferson	Luggage Storage	
7:30a-12:00p	HOSA HQ	Open	
9:00a-10:30a	Russell		HOSA Casual or suit option
	Shelby		HOSA Casual or suit option
	Trimble		HOSA Casual or suit option
	Taylor		HOSA Casual or suit option
	Whitley		HOSA Casual or suit option
	Grant		HOSA Casual or suit option
	Perry		HOSA Casual or suit option
	Hancock		HOSA Casual or suit option
8:00-8:30	Crowne A	HOSA council head shots	
9:00a-10:30a	Crowne A, B, C	Closing Session – Awards A (Health Professions and Teamwork)	HOSA official or suit option
11:00a-12:30p	Russell		HOSA Casual or suit option
	Shelby		HOSA Casual or suit option
	Trimble		HOSA Casual or suit option
	Taylor		HOSA Casual or suit option
	Whitley		HOSA Casual or suit option
	Hancock		HOSA Casual or suit option
	Perry		HOSA Casual or suit option
11:00a-12:30p	Crowne A, B, C	Closing Session – Awards B (Health Science, Emergency Preparedness, and Leadership)	HOSA official or suit option

Depart Crowne Plaza Louisville Airport at approximately 12PM,
arrive at BCHS by 2PM



Kentucky Transportation Cabinet

TEMPORARY RECEIPT

DRIVER'S LICENSE



Patrick Michelle Havens

DLN P94-146-225

**PATRICK
MICHELLE HAVENS**
1435 BRENTSVILLE RD
PARIS, KY 40361

DOB 10/07/1971

EXP 02/21/2025

SEX F HGT 5'-01" EYES BLU

DD 2025012214162096 01111

CLASS D

END NONE

RES NONE

REN

ISS
01/22/2025

CLASS: D-Operator

ENDORSEMENTS: None

RESTRICTIONS: None

A driver MUST get duplicate license within 10 days of address or name change.

drive.ky.gov

- This is a temporary document which expires 30 days from the Issue Date printed above
- You should receive your permanent card at the address we have on file for you within 10-15 business days; the post office will not forward it to another address.
- If 20 business days have passed and you have not received your new credential, please contact the Transportation Cabinet at (502)564-1257 or visit us at drive.ky.gov

Account Holder Details:
PATRICK/MICHELLE

Confirmation Number:
120666954

Payment Made:
2025-01-22T14:22:26

Payment Method:
CreditCard Visa
Ends with 5480

Cart Item Descriptions	Price	Quantity
RenewStandard8yrOperator	43.00	1
TrustforLifeDonation	2.00	1

Sub Total:	45.00
Service Fee:	1.24
Total:	46.24

This is the Temp Document Message

