

Field Trip Planning Form

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

School: Ryle High School Grade(s): 9-12 Class/Activity Group/Team: Archery
 Teacher/Sponsor/Coach: Mark Evans/ Ronnie Burke Cell Phone Number: 859-556-2962
 Person trained with current medication administration training, CPR/FA/AED credential Mark Evans / Ronnie Burke

Destination Venue, Location and State: KY Exposition Center, Louisville, KY
 Trip Location Contact Person: Lisa Frye Phone Number: 502-229-1961

Teachers: 1 # Students: 48 # Chaperones: 6 Adult/Student Ratio: 7/1

Date(s) & Times		Cost	Transportation
Departure Date: <u>3/14/25</u>		Total Cost: \$ <u>11,724</u>	<input type="checkbox"/> District Bus/Van
Time: <u>4:00</u> AM/PM		Funding Source: <u>Split between both</u>	<input type="checkbox"/> Charter Bus:
Return Date: <u>3/15/25</u>		<u>Ryle & Gray Archery Teams</u>	Executive Transportation
Time: <u>10:00</u> AM/PM		Fee to be assessed to students:	Approved Bid - Company Name
		\$ <u>50.00</u>	<input type="checkbox"/> Other: _____
		<i>Attach Student Activity Cost Form 09.15 AP.23</i>	<i>Attach a copy of Charter Bus Contract.</i>
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	Date: <u>3/14/25</u>	Lodging: <u>Embassy Suites - 9940 Corporate Campus Dr., Louisville, KY 40223</u>	
	Date: _____	Lodging: _____	

Trip Purpose and Core Content/learning targets: NASP State Archery Tournament

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: Mark Evans - Coach - Ryle HS, Liz Tackett - Counselor - Gray Middle School

School Nurse Initials: SLW 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
ME I have attached an anticipated Trip Itinerary
ME I have evaluated the trip site for potential hazards/special requirements
ME 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.
ME Funds have been secured for indigent students
ME If needed, background checks for chaperone approval have been initiated
ME 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: Mark Evans Date: 1/28/25

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

FOR

ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUSDestination/Venue KY Exposition CenterVenue Address 937 Phillips Lane, Louisville, KY 40209Person or email contacted at venue to discuss EAP Lisa FryePosition/Title of person contacted KY State NASP CoordinatorDate (s) of contact 3/15/25Is there an Automatic External Defibrillator (AED) on site? ☒ yes ☐ no? Is it regularly maintained? ☒ yes ☐ no? If yes, where is it located? Various Common areas throughout the facilityDoes venue have an emergency response team (ERT) yes ☐ no?Process to request AED and/or ERT if needed at the scene AED will be taken from Ryle High School and used on trip.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: 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.

○ ☐ 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.*

Field Trip Planning Form

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

School: Gray Middle School Grade(s): 6-8 Class/Activity Group/Team: Archery
 Teacher/Sponsor/Coach: Mark Evans/ Ronnie Burke Cell Phone Number: 859-556-2862
 Person trained with current medication administration training CPR/FA/AED credential Mark Evans / Ronnie Burke

Destination Venue, Location and State: KY Exposition Center, Louisville, KYTrip Location Contact Person: Lisa Fiye Phone Number: 502-229-1961# Teachers: 1 # Students: 48 # Chaperones: 6 Adult/Student Ratio: 7/1

Date(s) & Times Departure Date: <u>3/14/25</u> Time: <u>4:00</u> AM/PM Return Date: <u>3/15/25</u> Time: <u>10:00</u> AM/PM		Cost Total Cost: \$ <u>11,724</u> Funding Source: <u>Split between both Ryle & Gray Archery Teams</u> Fee to be assessed to students: <u>\$50.00</u> Attach Student Activity Cost Form 09.15 AP.23	Transportation <input type="checkbox"/> District Bus/Van <input type="checkbox"/> Charter Bus: Executive Transportation Approved Bid - Company Name <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: _____
	Student Purchase Restaurant <input type="checkbox"/> (Name and location of each stop)	Name & Location: <u>Ky Exposition Center - Louisville, KY</u> Name & Location: _____	
Over Night	Date: <u>3/14/25</u>	Lodging: <u>Embassy Suites - 9940 Corporate Campus Dr., Louisville, KY 40223</u>	
	Date: _____	Lodging: _____	

Trip Purpose and Core Content/learning targets: NASP State Archery TournamentSpecial 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: Ronnie BurkeSchool Nurse Initials: AB 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 websiteME I have attached an anticipated Trip ItineraryME I have evaluated the trip site for potential hazards/special requirementsME 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.ME Funds have been secured for indigent studentsME If needed, background checks for chaperone approval have been initiatedME 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: Mark Evans Date: 1/28/25

School-Related Student Trip Request Form**EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)
FOR****ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS**Destination/Venue KY Exposition CenterVenue Address 937 Phillips Lane, Louisville, KY 40209Person or email contacted at venue to discuss EAP Lisa FryePosition/Title of person contacted KY State NASP CoordinatorDate (s) of contact 3/15/25Is there an Automatic External Defibrillator (AED) on site ☒ yes ☐ no? Is it regularly maintained? ☒ yes ☐ no? If yes, where is it located? Various Common areas throughout the facilityDoes venue have an emergency response team (ERT) yes ☐ no?Process to request AED and/or ERT if needed at the scene AED will be taken from Ryle High School and used on trip.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: 3/15/25

○ ☐ 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.

○ ☐ 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.

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

Account Name: GRAY MIDDLE SCHOOL Acct ID: 4714111

Address: 10400 OLD US HWY 42 UNION, KY 41091

Client Contact: RONNIE BURKE Phone#: 6064714111

3/14/2025 12:00:00AM	GRAY MIDDLE SCHOOL / ARCHERY	Confirmation# 3081025
MOTOR COACH 55	FROM: GRAY MIDDLE SCHOOL: 10400 OLD US HWY 42 UNION, KY 41091	FARE: \$2,790.00
	TO: LOUISVILLE, KY:	TIPS: \$100.00
TRIP REMARKS: 1ST OF 2 DAY TRIP; PLUS DRIVER'S ROOM AND ANY APPLICABLE PARKING		Total Fare \$2,890.00

Invoice Total: \$2,890.00

DEPOSIT: A \$100 deposit per motorcoach is required to reserve service. To avoid cancellation, the balance of the payment is due thirty (30) days prior to the event. If balance is not paid in full 30 days prior, trips can be cancelled without notice to fulfill company needs.

CANCELLATION: We have a 2 week cancellation policy. Cancellation less than two (2) weeks prior to service will result in forfeiture of all monies paid.

PAYMENTS: We accept credit card, check or EFT. Please make checks payable to: Executive Charter, Inc.

CREDIT CARD PROCESSING FEE: A processing fee of 3% will be added to all credit card payments.

PAST DUE AMOUNTS: A Finance Charge of 2% Per Month, 24% Annual Percentage Rate will be charge on all past due accounts.

PRICE VARIATIONS: The price quoted above is from terminal to terminal and is based upon the information originally given. Any changes may affect the original price quote.

AMENITIES such as wi-fi, PA system, electrical outlets, DVD players and TV monitors are provided at no charge. Therefore no refund will be issued for the failure of such amenities.

DAMAGE AND CLEAN UP FEES: If excessive clean up is required there will be an additional charge of \$250. You will be liable for any damage caused by the passengers of the bus.

ITINERARY: A specific itinerary is required 2 weeks before the trip, listing all locations and expected times for the driver(s).

NOTES: Please check the information above regarding your trip. Please contact us with any changes, corrections, or additions to your itinerary. Our staff is anxious to help you.

Please sign and return with your deposit to ensure your coach reservation.

Signature _____ Date _____

Tentative Schedule / Itinerary

Note: All times are based on obtaining flight times Sunday evening and are subject to change

March 14, 2025: (Friday)

- Meet at Gray Middle School at 04:00 P.M. (EST) and load the bus.
 - 10400 Old US Hwy 42, Union, KY 41091
- Bus departs Gray Middle School at 05:00 P.M. (EST) for the hotel in Louisville.
- Arrive at the Hotel around 06:30 P.M. (EST).
 - Embassy Suite
 - 9940 Corporate Campus Drive Louisville. KY 40223
 - Dinner at or near the hotel
- Team meeting around 09:30 P.M. (EST)
- Athletes can swim between 07:00 P.M. and 09:00 P.M.. (EST)
- Athletes will return to their assigned room no later than 10:30 P.M. (EST)
- Lights Out at 11:00 P.M. (EST)

March 15, 2025: (Saturday)

- Breakfast between 08:00 A.M. (EST) and 09:00 A.M. (EST)
 - Hotel Breakfast Buffet
 - Check out of the hotel and load the bus by 10:30 A.M.
- Arrive at the competition location around 11:30 A.M. (EST)
 - 937 Phillips Ln, Louisville, KY 40209
 - We plan to stage inside the center and prepare for the scheduled flight time.
 - Athletes can get lunch at the center
- Travel to Main Event for the final day Celebration around 05:30 P.M (EST)
 - 9940 Corporate Campus Drive Louisville. KY 40223
 - Dinner will be at Main Event
- Depart Main event around 08:30 P.M. (EST)
- Estimated arrival at Gray Middle School to end the trip is 10:00 P.M. (EST)

*** Times may vary depending on the assigned flight times for each team ***