

Field Trip Planning Form

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

School: Lytle High School Grade(s): 9-12 Class/Activity Group/Team: TSA
 Teacher/Sponsor/Coach: Robin Denigan Cell Phone Number: (859) 620-3506
 Person trained with current medication administration training CPR/FA/AED credential Robin Denigan

Destination Venue, Location and State: Louisville Marriott Downtown

Trip Location Contact Person: Amanda Boggs Phone Number: (502) 564-4286

Teachers: 2-3 # Students: 52-55 # Chaperones: 2-3 Adult/Student Ratio: 1:15

Date(s) & Times Departure Date: <u>3-24-25</u> Time: <u>8:00</u> <u>AM</u> / <u>PM</u> Return Date: <u>3-26-25</u> Time: <u>1:30</u> <u>AM</u> / <u>PM</u>		Cost Total Cost: \$ <u>200.00</u> Funding Source: _____ Fee to be assessed to students: \$ _____ <i>Attach Student Activity Cost Form 09.15 AP.23</i>		Transportation <input type="checkbox"/> District Bus/Van <input checked="" type="checkbox"/> Charter Bus: <u>Executive Charter</u> Approved Bid – Company Name _____ <input type="checkbox"/> Other: _____ <i>Attach a copy of Charter Bus Contract.</i>	
Meals	At school prior to departure <input type="checkbox"/>		Student Packed <input checked="" type="checkbox"/>		Location where packed lunches will be consumed: _____
	School Cafeteria Packed <input type="checkbox"/>				
	Student Purchase Restaurant <input checked="" type="checkbox"/> (Name and location of each stop)		Name & Location: <u>* meals purchased in hotel and group catering</u>		
Over Night	Date: <u>3-24-25</u>		Lodging: <u>Louisville Marriott Downtown</u>		
	Date: <u>3-25-25</u>		Lodging: <u>Louisville Marriott Downtown</u>		

Trip Purpose and Core Content/learning targets: State 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: Robin Denigan

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

Due Date: 3-10-25 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
- RD I have attached an anticipated Trip Itinerary
- RD I have evaluated the trip site for potential hazards/special requirements
- RD 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.
- RD Funds have been secured for indigent students
- RD If needed, background checks for chaperone approval have been initiated
- RD 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: Robin L. Denigan Date: 1-14-25

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

FOR

ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue Louisville Marriott Downtown
 Venue Address 280 W Jefferson St. Louisville KY 40202
 Person or email contacted at venue to discuss EAP Justin Gill
 Position/Title of person contacted Justin Gill - Director of Security
 Date (s) of contact 1-14-25

Is there an Automatic External Defibrillator (AED) on site ☒ yes ☐ no? Is it regularly maintained? ☒ yes ☐ no? If yes, where is it located? Next to front desk ; 2nd floor in
+ gift shop event space by escalator

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

Process to request AED and/or ERT if needed at the scene AED available
to all guests - in open areas + accessible

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: _____

○ ☐ 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: Bus not available for times

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

School-Related Student Trip Request Form**UPON APPROVAL, THIS FORM WILL BE RETURNED FOR FINAL PREPARATIONS**

<input type="checkbox"/>	Provide a copy of this approved form to the bookkeeper and request Purchase Orders for all expenses
<input type="checkbox"/>	Make reservation with the venue
<input type="checkbox"/>	Make transportation arrangements
<input type="checkbox"/>	Send out completed principal approved Parent Permission Forms.
<input type="checkbox"/>	Confirm receipt of Parent Permission Forms & authenticate signatures. Send reminders, if needed.
<input type="checkbox"/>	Collect fees using the Multiple Receipt Form and turn funds into the Bookkeeper daily.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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. <input checked="" type="checkbox"/> Confirm that personnel trained in medication administration, as needed and CPR/FA/AED will attend. Name of trained personnel <u>me & n/a</u> Cost for nursing, if applicable, shall be arranged and paid by the school.
School Nurse Signature: _____ Date: _____	

3-10

ON THE DAY OF THE TRIP

<input type="checkbox"/>	Provide chaperone orientation (video, etc.)	<input type="checkbox"/>	Post attendance prior to leaving
<input type="checkbox"/>	Provide office with a list of chaperones & cell numbers	<input type="checkbox"/>	Take student lunches (if applicable)
<input type="checkbox"/>	Take student medications in original labeled bottle	<input type="checkbox"/>	Take classroom emergency kit
<input type="checkbox"/>	Take parent permission slips with you on the trip	<input type="checkbox"/>	Take required payments
<input type="checkbox"/>	Give office copies of all parent permission slips	<input type="checkbox"/>	Provide copy of event specific EAP to all personnel attending in an official capacity, including cell numbers for all
<input type="checkbox"/>	Retain for one (1) year		

HEARTSAVER

Heartsaver® for K-12 Schools



American
Heart
Association.

Robin Denigan

The above individual in the K-12 school system has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Heartsaver CPR AED Program.

Optional modules completed:

Child CPR AED, Infant CPR, First Aid

Issue Date

12/18/2024

Renew By

12/2026

Training Center Name

Northern Kentucky EMS

Instructor Name

Debra Kramer

Training Center ID

KY01346

Instructor ID

03150309926

Training Center City, State

Fort Thomas, KY

eCard Code

256056043361

**Training Center Phone
Number**

(859) 572-4511

QR Code



Training Site Name

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

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

Account Name: RYLE HIGH SCHOOL / DENIGAN Acct ID: 6203506

Address: 10379 US-42 UNION, KY 41091

Client Contact: ROBIN DENIGAN Phone#: 8596203506

3/24/2025 7:45:00AM	RYLE HIGH SCHOOL	Confirmation# 3077148
MOTOR COACH 55	FROM: RYLE HIGH SCHOOL: 10379 US-42, UNION, KY 41091	FARE: \$1,045.00
TRIP REMARKS:	TO: LOUISVILLE MARRIOTT DOWNTOWN: 280 W	TIPS: \$50.00
PICK AND DROP	JEFFERSON ST, LOUISVILLE, KY 40202	
		Total Fare \$1,095.00
3/26/2025 11:45:00AM	RYLE HIGH SCHOOL	Confirmation# 3077168
MOTOR COACH 55	FROM: LOUISVILLE MARRIOTT DOWNTOWN: 280 W JEFFERSON ST, L	FARE: \$1,045.00
TRIP REMARKS:	TO: RYLE HIGH SCHOOL: 10379 US-42, UNION, KY 41091	TIPS: \$50.00
PICK AND DROP		
		Total Fare \$1,095.00

Quote Total: \$2,190.00

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.

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 _____