

Field Trip Planning Form

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

School: New Haven Elem. Grade(s): 4th Class/Activity Group/Team: 4th Grade
 Teacher/Sponsor/Coach: Robin Wilson Cell Phone Number: 859-620-5407
 Person trained with current medication administration training CPR/FA/AED credential: All 4th Grade Teachers

Destination Venue, Location and State: Kentucky Science Museum (Center)
 Trip Location Contact Person: Ann Vence Phone Number: 502-560-7128

Teachers: 5 # Students: 112 # Chaperones: 40 Adult/Student Ratio: 3:1

Date(s) & Times		Cost	Transportation
Departure Date: <u>3/13/25</u>		Total Cost: \$ <u>2,792.00</u>	<input type="checkbox"/> District Bus/Van
Time: <u>9:00</u> AM/PM		Funding Source: <u>Parents</u>	<input checked="" type="checkbox"/> Charter Bus: <u>Executive Charter</u>
Return Date: <u>3/13/25</u>		Fee to be assessed to students: \$ <u>18.00+</u>	Approved Bid - Company Name
Time: <u>5:00</u> AM/PM		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 checked="" type="checkbox"/>	Student Packed <input checked="" type="checkbox"/>	Location where packed lunches will be consumed: <u>Kentucky Science Museum</u>
	School Cafeteria Packed <input checked="" type="checkbox"/>		
Over Night	Date: _____	Lodging: _____	
	Date: _____	Lodging: _____	

Trip Purpose and Core Content/learning targets: _____

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: Amanda Danner, Penny Batchelor, Cerie Langhals, Robin Wilson

School Nurse Initials: RL 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
- QW I have attached an anticipated Trip Itinerary
- QW I have evaluated the trip site for potential hazards/special requirements
- QW 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.
- QW Funds have been secured for indigent students
- QW If needed, background checks for chaperone approval have been initiated
- QW 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 Wilson Date: 1/21/25

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

FOR

ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue

Venue Address

Person or email contacted at venue to discuss EAP

Position/Title of person contacted

Date (s) of contact

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? A. DannerIs 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: Mary GabeDate: 2/3/25○ ☒ 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 Invoice



**KENTUCKY
SCIENCE CENTER**

Amanda Danner
New Haven Elementary
10854 US Highway 42
Union, KY 41091

Please do not adjust this invoice.

Program Date: 3/13/2025

Invoice #: 1616486

Subtotal: \$2,792.00

Sales Tax: \$0.00

Total Due: \$2,792.00

Prepaid: \$0.00

Balance Due: \$2,792.00

Arrival Time: 10:30 AM

Departure Time: 3:00 PM

Please do not adjust this invoice.

Program	Time	#	Category	Price
Exhibit Halls		10	Required Adult	50.00
		28	Student	196.00
		28	Student	196.00
		10	Required Adult	50.00
		28	Student	196.00
		28	Student	196.00
		10	Required Adult	50.00
		10	Required Adult	50.00
Extreme Weather 3D	10:00 AM	28	Student	140.00
		28	Student	140.00
		10	Required Adult	50.00
		28	Student	140.00
		28	Student	140.00
		10	Required Adult	50.00
		10	Required Adult	50.00
		10	Required Adult	50.00
Lunchroom	12:00 PM	112	Student	112.00
		40	Required Adult	40.00
Our Dynamic Earth Class	1:00 PM	10	Required Adult	0.00
		28	Student	224.00
		28	Student	224.00
		10	Required Adult	0.00

School-Related Student Trip Request Form**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: _____ Date: _____

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
(Retain for one (1) year) | <input type="checkbox"/> Provide copy of event specific BAP to all personnel
attending in an official capacity, including cell
numbers for all |

Our Dynamic Earth Class	2:00 PM	28 Student	224.00
		28 Student	224.00
		10 Required Adult	0.00
		10 Required Adult	0.00

Thank you for choosing Kentucky Science Center! Please note our policies:

Communication:

- All official communications must be made in writing, including but not limited to, reservation changes and cancellations.
- Kentucky Science Center considers the main contact listed on the reservation to be acting as an authorized representative of the school.
- Any failure on the part of this representative to communicate changes to the field trip reservation will be considered a responsibility of the school.
- Once confirmation and invoice have been sent to the main contact, the field trip is considered Confirmed and Finalized. All below policies apply, including cancellation and rescheduling policies.

Payment and Confirmation:

- Reservation details must be confirmed no less than three weeks prior to the reservation date.
- Payments are due three weeks prior to the reservation date.
- Kentucky Science Center accepts cash, check, MasterCard, VISA, Discover, and American Express.
- You are responsible for the total amount listed on your invoice.
- Failure to confirm reservations and submit payment 3 weeks prior to the reservation date will result in a cancellation of your field trip.

Payments can be made over the phone at: (502) 560-7128
Checks can be sent in the mail to: 727 W Main St. Louisville, KY 40202

Reservation Changes

- Changes to reservation attendance counts may be communicated to Kentucky Science Center up to 1 week prior to the reservation date.
- Attendance counts and invoice amounts 1 week prior to the reservation date are considered final.
- Changes to reservation attendance counts will be accommodated based on availability of Kentucky Science Center programs and services.
- Programs and services offered by Kentucky Science Center are not guaranteed.

Cancellations and Reschedules

- Reservation cancellations must be in writing via email. A cancellation request must be sent to, and acknowledged by, Kentucky Science Center to be considered final.
- Cancelling a reservation within three weeks of the reservation date will result in a cancellation fee of \$100.
- Cancellation of a Class will result in a cancellation fee of \$100.
- Cancellations or rescheduled reservations due to inclement weather are not subject to cancellation fees.
- Refunds due to decreases in total attendance count may be issued in an amount no more than 10% of the invoiced amount.
- Refunds will be issued in the form of a check that may take up to six weeks to process.
- Refunds may be issued for reservations cancelled due to inclement weather.

Chaperones

- Kentucky Science Center requires one adult per 10 students. Teachers and any adults 18 years of age or older count toward this ratio.
- Adults must be included in the reservation attendance count to receive the discounted field trip rate.
- Adults arriving and/or paying separately will be charged full priced Kentucky Science Center general admission prices. Kentucky Science Center programs and services will be accommodated based on availability.
- Adults should be assigned groups of no more than 10 students prior to arrival. Adults should supervise and direct students in their groups during exhibit time to ensure safety of students and other guests.

Questions

Please review all listed dates, times, and activities for accuracy. If you have any questions, please contact the Reservation Office at (502) 560-7166, Monday through Friday 9:30 a.m. to 5:00 p.m.



Field Trip Request Form

School / Organization Name	New Haven Elementary
Organization Address, City, State, Zip	10854 US Hwy 42 Union , KY 41091
Organization Phone Number	(859) 835-7127
Teacher / Group Leader Name	Amanda Danner
Teacher / Group Leader Email	amanda.danner@boone.kyschools.us
Teacher/ Group Leader Phone Number	(859) 835-7127
Bookkeeper's Name	Cindy Sutter
Bookkeeper's Email	cindy.sutter@boone.kyschools.us
Bookkeeper's Phone Number	(859) 384-5325
Contact name for the day of the trip	Amanda Danner
Cell phone for day-of contact	(859) 835-7127
When is your field trip taking place?	School Year Field Trip
Preferred Date 1	Mar 13, 2025
Preferred Date 2	Apr 02, 2025
Preferred Date 3	Mar 28, 2025
Arrival Time (Eastern Time)	10:30 AM
Departure Time (Eastern Time)	03:00 PM
Transportation	Buses
How many buses?	5
Total # of Students Coming	112
How many classes will you be bringing?	4
What grades will you be bringing?	Fourth

of adults on trip (a minimum of 1 adult per 10 students is required). 40

Plan Your Trip -Combine experiences and save! Exhibits + Class + Movie (Best Value!)

Movie Options (All movies are 45 mins unless otherwise noted) Extreme Weather 3D

Onsite Classes Our Dynamic Earth: How do different earth systems interact to create a balanced planet that supports life? How do weather, climate, and earth processes change our landscape? What evidence do we have that Earth has changed over time? Students explore these phenomena and brainstorm different solutions to the damaging effects that often happen when earth systems react. This program is presented in partnership with WLKY. Pairs well with our 4-Story Digital Theater offering "Extreme Weather".)

Having Lunch at the Science Center? Reserve Lunch Room (lunch not provided) - \$1.00 per person, minimum of \$50

What kind of lunch will you be bringing? Bringing sack lunches

Communications and Contact - Copy I've read and understand the communication and contact policies

Payment Policies I've read and understand the payment policies

Number Changing Policies I have read and understand the number changing policies

Cancellation and Refund Policies I've read and understand the cancellation and refund policies

Chaperone Policies I've read and understand the chaperone policies

I've read and understand the code of conduct policies

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

Account Name: **NEW HAVEN ELEMENTARY / LANGHALS** Acct ID: **3845325**

Address: **10854 US-42 UNION, KY 41091**

Client Contact: **GENIE LANGHALS** Phone#: **8593845325**

3/18/2025 8:45:00AM NEW HAVEN ELEMENTARY		Confirmation# 3082766
MOTOR COACH 55	FROM: NEW HAVEN ELEMENTARY SCHOOL: 10854 US-42, UNION, KY 4	FARE: \$1,445.00
	TO: KENTUCKY SCIENCE CENTER: 727 W MAIN ST, LOUISVILLE, KY 40202	TIPS: \$50.00
TRIP REMARKS: WAIT AND DEPART LOUISVILLE AROUND 3PM BUS 1		Total Fare \$1,495.00
3/18/2025 8:45:00AM NEW HAVEN ELEMENTARY		Confirmation# 3082770
MOTOR COACH 55	FROM: NEW HAVEN ELEMENTARY SCHOOL: 10854 US-42, UNION, KY 4	FARE: \$1,445.00
	TO: KENTUCKY SCIENCE CENTER: 727 W MAIN ST, LOUISVILLE, KY 40202	TIPS: \$50.00
TRIP REMARKS: WAIT AND DEPART LOUISVILLE AROUND 3PM BUS 2		Total Fare \$1,495.00
3/18/2025 8:45:00AM NEW HAVEN ELEMENTARY		Confirmation# 3082771
MOTOR COACH 55	FROM: NEW HAVEN ELEMENTARY SCHOOL: 10854 US-42, UNION, KY 4	FARE: \$1,445.00
	TO: KENTUCKY SCIENCE CENTER: 727 W MAIN ST, LOUISVILLE, KY 40202	TIPS: \$50.00
TRIP REMARKS: WAIT AND DEPART LOUISVILLE AROUND 3PM BUS 3		Total Fare \$1,495.00

Quote Total: \$4,485.00

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 _____

School-Related Student Trip Parent Permission Form

Student: _____ Trip Destination/Location: Kentucky Science Center
 School: New Haven Elem Class/Activity/Team: 4th Grade Team

Times Departure Date: <u>3/13/25</u> Time: <u>9:00</u> <u>AM</u> / <u>PM</u> Return Date: <u>3/13/25</u> Time: <u>5:00</u> <u>AM</u> / <u>PM</u>		Cost Student Fee: \$ <u>60.00</u> Adult Fee: \$ <u>15.00</u> Due Date: <u>03/01/25</u>		Transportation District Bus/Van <input type="checkbox"/> Charter Bus <input checked="" type="checkbox"/> Other <input type="checkbox"/>
Meals	At school prior to departure <input checked="" type="checkbox"/>		Student Packed <input type="checkbox"/> School Cafeteria Packed <input type="checkbox"/>	
	Student Purchase Restaurant <input type="checkbox"/> (Name and location of each stop)		Name & Location: <u>N/A</u> Name & Location: <u>N/A</u>	
Over Night	Date: _____		Lodging: <u>N/A</u>	
	Date: _____		Lodging: <u>N/A</u>	

Robin Wilson
Teacher/Sponsor/Coach Signature

Mary Goble
Principal Signature

My Child, _____ has permission to participate in this school trip.

All District and school policies shall be followed on this trip including chaperone assignments for both day and overnight trips, adult/student ratios, transportation guidelines, and behavior expectations/dress codes as outlined in the District's Code of Conduct and Expected Behavior. An event-specific emergency action plan has been developed to use in the event of a medical emergency, which may include the provision of a portable AED.

If the Board determines that world, national, or local events pose a potential threat to student safety, student trips shall be cancelled. In such a cancellation, the Board shall not authorize the use of District or building funds to reimburse any expenses not covered by cancellation insurance. All losses will be assumed by the parent/guardian. Please initial to indicate that you have read and understand the conditions of this clause. _____ (Parent/guardian Initials)

☐ If checked, it is recommended that the parent/guardian secure cancellation insurance. Information attached.

Should there develop a medical emergency that requires attention beyond first aid, every attempt will be made to contact the parent or guardian via the numbers listed below. However, in circumstances where timing is critical and/or communication problems develop, a student's life could be threatened by lack of medical attention. To avoid circumstances of this nature, please complete the following statement:

In cases of a medical emergency, as deemed by a physician and according to the procedures described above, I, as the parent/legal guardian, do hereby give my consent for the administration of medical treatment, including dental, medicines, inoculation, and/or surgical procedures deemed necessary to my child's health and safety.

Home Phone: _____ Address: _____

Mom (work): _____ (cell): _____ Dad (work): _____ (cell): _____

Family Doctor: _____ Phone: _____ Hospitalization Card #: _____

Name of Medical Insurance Carrier: _____

Allergies and/or reactions to drugs: _____

Medications currently taking: _____

Medications needed on this trip: _____

Who will be administering these medications? _____

Parent/Guardian Signature: _____

ALL MEDICATIONS NEEDED
ON THIS TRIP REQUIRE A
BOONE COUNTY
ADMINISTRATION OF
MEDICATION FORM TO BE
ON FILE AT THE SCHOOL.

Failure to provide complete, signed form will exclude the student from participating. Phone permission will not be accepted. Please review the student and chaperone tips on the back of this form with your student.

(OFFICE USE – NURSE INITIALS – For Review of Completed Parent Signed Permission Slip _____)

School-Related Student Trip Parent Permission Form**STUDENT TIPS:**

- Be focused on education during classroom trips
- Be focused on the team during activity/athletic trips
- Listen to adults
- Stay with your assigned group
- Use sidewalks
- Walk on left facing traffic
- Obey signals and use crosswalks
- No valuables/electronic devices
- Make sure cell phones are turned off – same as in school
- Use good manners, follow all rules, and respect all
- Stay seated and quiet on buses/vans

CHAPERONE TIPS:

- Allow time to have required background check prior to the trip as all chaperones must be pre-approved to participate in school trips
- No siblings may participate
- Follow the provided agenda
- Always stay with your assigned group
- Maintain a head count of your student group getting off and on buses/vans
- Spread out among students
- Medical and other issues are confidential
- No smoking
- Report on time to arranged meeting places
- Monitor restroom visits
- Follow all rules of the site
- Supervise students
- Observe traffic signals and use crosswalks
- Monitor bus/van behavior
- Set cell phone to vibrate and limit cell phone use to emergency only
- Be aware of hazards
- Support teacher by supporting assignments that need to be completed
- Review and keep copy of Emergency Action Plan

Review/Revised: 11/09/23