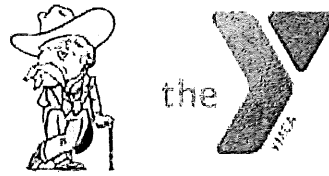


Bourbon County Middle School



Student Y~Chapter

February 5, 2025

The Bourbon County Middle School Student Y-Chapter is requesting the School Board's approval to attend the Kentucky United Nations Assembly (KUNA.) Conference from March 5-7, 2025. The trip will be at the Crowne Plaza Hotel in Louisville. The hotel has doors that open into the hotel building, not motel-style that open outward.

The opportunity to attend this in-person conference is one that only a few of our students that are currently in our Y-chapter have experienced. The ability to vote on bills, discuss international matters, and experience a glimpse of other countries' cultures is an opportunity that is once in a lifetime for many of our students. We believe that the Kentucky United Nations Assembly will be a safe, and rewarding experience. We respectfully request for you to allow us to go to the KUNA conference in Louisville, we are looking forward to seeing Bourbon County students shine!

Thank you,

Dana Jones
Student Y-Chapter Advisor

Our School Nurse will receive a list of students going on the trip by February 5th, 2025 to check for medical issues.

Rachael Hurst
BCMS School Nurse

School-Related Student Trip Forms

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

School: BCMS Grade(s): 6-8 Class/Activity Group/Team: KUNA
 Teacher/Sponsor/Coach: Dana Jones Cell Phone Number: 502-432-5523
 Person trained with current medication administration training CPR/FA/AED credential Dana Jones
 Destination Venue, Location and State: Crowne Plaza, Louisville KY
 Trip Location Contact Person: Dana Jones Phone Number: 502-432-5523
 # Teachers: _____ # Students: _____ # Chaperones: _____ Adult/Student Ratio: 10:1

Date(s) & Times Departure Date: <u>March 5th</u> Time: <u>10:00</u> <u>AM</u> / <u>PM</u> Return Date: <u>March 7th</u> Time: <u>1:00</u> <u>AM</u> / <u>PM</u>		Cost Total Cost: \$ <u>352</u> Funding Source: <u>Students</u> Fee to be assessed to students: \$ <u>352</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 type="checkbox"/>	Student Packed <input 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>Crowne Plaza, Louisville KY</u> Name & Location: _____	
Over Night	Date: <u>3/5</u>	Lodging: <u>Crowne Plaza</u>	
	Date: <u>3/6</u>	Lodging: <u>Crowne Plaza</u>	

Trip Purpose and Core Content/learning targets: Model UN

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: Dana JonesSchool Nurse Initials: RH 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)

- OS I have viewed the field trip video for teachers/sponsors/coaches found on the District website
- OS I have attached an anticipated Trip Itinerary
- OS I have evaluated the trip site for potential hazards/special requirements
- OS 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.
- OS Funds have been secured for indigent students
- OS If needed, background checks for chaperone approval have been initiated
- OS 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: [Signature] Date: 2/5/25

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

FOR

SCHOOL SANCTIONED NON ATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue Crowne Plaza
 Venue Address 830 Phillips Ln, Louisville KY 40209
 Person or email contacted at venue to discuss EAP Terry - Front Desk
 Position/Title of person contacted Terry - Front Desk Clerk
 Date (s) of contact 10/20/23

Is there an Automatic External Defibrillator (AED) on site ☒ yes ☐ no

If yes, where is it located? Near the meeting rooms

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

Process to request AED and/or ERT if needed at the scene Contact Y-staff through phone or at the Y desk

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 the field trip? ☐ yes ☒ no

If so, list location of equipment N/A

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: Sch M. Schbl Date: 2/5/25☐ 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 Dana Jones
 - ☐ Cost for nursing, if applicable, shall be arranged and paid by the school.
- School Nurse Signature: [Signature] Date: 2/5/25

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: Dana Jones *Date: 2/5/25
Name of Requestor Date of Request

*For: LUNA - 6th - 8th *Number of Students: 12
Class or Grade

**Proposed trip to: LUNA - Grange Plaza, Louisville KY

**Date and estimated time of departure: 3/5 10:00 am

**Date and estimated time of return: 3/7 10:30 am

*Educational objective: Model UN

Type of Vehicle needed:

* Board owned: ☒ Bus ☒ Van ☐ Sedan

Number of Passengers: 13

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

Number of Passengers: _____

*Will students be charged: ☒ Yes ☐ No If yes, how much? \$352

Other financing: School Scholarship

*Teacher(s) in charge of trip: Dana Jones

*Additional chaperones: Sarah Jarvis

*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: Dana Jones 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: Sol M. Schell 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