

Field Trip Planning Form

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

School: Conner High School Grade(s): 11th Class/Activity Group/Team: YSC + Counseling Office
Teacher/Sponsor/Coach: Taryn Ray Cell Phone Number: 775-842-0569
Person trained with current medication administration training CPR/FA/AED credential: Taryn Ray

Destination Venue, Location and State: Morehead State University; Morehead, KY 40351
Trip Location Contact Person: Annette Graham Phone Number: 606-783-2000

Teachers: 4/5 # Students: 40 # Chaperones: 4/5 Adult/Student Ratio: 1 to 10

* YSC will provide breakfast

Date(s) & Times		Cost (approx)	Transportation
Departure Date: <u>3/27/25</u>		Total Cost: <u>\$ 2,000</u>	<input type="checkbox"/> District Bus/Van
Time: <u>7:50</u> (AM/PM)		Funding Source: <u>Youth Service Center Grant</u>	<input checked="" type="checkbox"/> Charter Bus: <u>Executive Transportation</u>
Return Date: <u>3/27/25</u>		Fee to be assessed to students:	Approved Bid - Company Name
Time: <u>3</u> (Approximately) (AM/PM)		\$ <u>0</u>	<input type="checkbox"/> Other: _____
		Attach Student Activity Cost Form 09.15 AP.23	Attach a copy of Charter Bus Contract.
Meals	At school prior to departure <input type="checkbox"/> <u>MS will provide</u>	Student Packed <input checked="" type="checkbox"/>	Location where packed lunches will be consumed: <u>Morehead State Univer.</u>
	* waiting to see if <input checked="" type="checkbox"/>	School Cafeteria Packed <input type="checkbox"/>	
Over Night	Date: _____	Lodging: _____	
	Date: _____	Lodging: _____	

Trip Purpose and Core Content/Learning targets: Providing Juniors opportunities to four colleges.

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: Taryn Ray

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

Due Date: 3/18/25 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
- WR I have attached an anticipated Trip Itinerary
- WR I have evaluated the trip site for potential hazards/special requirements
- WR 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.
- WR Funds have been secured for indigent students
- WR If needed, background checks for chaperone approval have been initiated
- WR 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: Taryn Ray Date: 2/12/25

School-Related Student Trip Request Form

EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)

FOR

ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue Morehead State University
 Venue Address 150 University Blvd. Morehead, KY 40351
 Person or email contacted at venue to discuss EAP Annette Graham
 Position/Title of person contacted Assistant Director of the Welcome Center
 Date(s) of contact attached

Is there an Automatic External Defibrillator (AED) on site yes no? Is it regularly maintained? yes no? If yes, where is it located? attached

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

Process to request AED and/or ERT if needed at the scene attached

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? Taryn Ray

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:

- o Location of AEDs.
- o If possible, how to gain access.
- o Steps that must be taken quickly to initiate the chain of survival.
 - o Recognition of a sudden cardiac arrest event (assume cardiac arrest in anyone who is collapsed and unresponsive and not breathing).
 - o Call 911 using cell phone or other means of communication.
 - o Begin Hands-Only CPR (push hard and fast in center of chest about 100 times/minute).
 - o Retrieve and use the nearest AED.
 - o Continuing supporting the victim until the local EMS arrives and takes over care; and
 - o Direct EMS to the scene.

o APPROVAL SIGNATURES REQUIRED

o CHECK ALL BOXES BELOW THAT APPLY TO THIS TRIP REQUEST AND SECURE ALL REQUIRED SIGNATURES

o Principal: [Signature] Date: 2/22/20
 o Required for all trips

o Superintendent/Designee: _____ Date: _____
 o Overnight Trips

o Board of Education: _____ Meeting Date: _____
 o Submit forms to Superintendent/Designee for review and submission to the Board for approval.

- o Travel outside the Tri-State area of KY, OH, IN
- o Common Carrier contract including cost
- o Common Carrier Transportation Reason for using a Charter Bus/Plane: _____
- o 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: CONNER HIGH SCHOOL / RAY Acct ID: 2833234

Address: 3310 COUGAR PATH HEBRON, KY 41048

Client Contact: TARYN RAY Phone#: 8592833234

3/27/2025 6:45:00AM	CONNER HIGH SCHOOL	Confirmation# 3086390
MOTOR COACH 47	FROM: CONNER HIGH SCHOOL: 3310 COUGAR PATH, HEBRON, KY, 41	FARE: \$1,475.00
TRIP REMARKS:	TO: MOREHEAD STATE: 150 UNIVERSITY BLVD. MOREHEAD	TIPS: \$50.00
WAIT & RETURN	KY 40351	Total Fare \$1,525.00

Invoice Total: \$1,525.00

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 _____

Event Specific Emergency Action Plan (EAP) for School Sanctioned Nonathletic Event Held Off—Campus

Destination/Venue: Morehead State University

Venue Address: 150 University Blvd. Morehead, KY 40351

Person or email contacted at venue to discuss EAP: Kim Oatman

Position/title of person contacted: Chief Facilities & Operations Officer

Date(s) of contact:

Is there an Automatic External Defibrillator (AED) on Site? YES

If yes, where is it located:

- **ADUC** they are located on the first and second floor by the elevators on the courtyard side of the building.
- **Rock** it is by the entrance elevator.
- **Rec Center** one on each floor by the elevator.
- **Button** – located in the Drill Room.
- **AAC** it is in the Training Room

Does the venue have an emergency response team (ERT)? No

Process to request AED and or ERT if needed at the scene: Request of guide.

Conner High School

Date of Visit: Thursday, March 27, 2025

40 Students

Taryn Ray

Youth Service Center Coordinator

taryn.ray@boone.kyschools.us 775-842-0569

Your itinerary is as follows:

Time	Itinerary	Location
9:30 am	Arrival at the Little Bell Tower located on University Blvd. It's extremely important to arrive on time to receive the complete campus tour program. Our Enrollment Services staff will be there to meet and welcome you to our beautiful campus! Our staff will escort you to ADUC for a restroom break and then we will begin the presentation in our theatre.	Little Bell Tower, University Blvd.
9:40 am	Presentation	ADUC Theater
10:50 am	Walking campus tour. Please encourage your students to dress accordingly for a walking campus tour. If needed, due to rain or extreme weather conditions, we may tour the campus on your bus.	Campus
11:50 pm	Lunch at the ROCK, MSU providing Vouchers	The ROCK
1:00 pm	Depart	Recreation and Wellness Center

Once your bus has unloaded students, your driver will need to park in our commuter lot located on US 60 (across from Dairy Queen). You will pass the parking lot on your way to our main entrance to campus. For further directions to our campus and parking, please refer to the campus map at the following link: <http://www.moreheadstate.edu/campusmap>

If you have any questions about your upcoming visit, you are welcome to call me at (606) 783-9390.

Please let me know if the number of students or buses change for your trip to MSU or if you decide to cancel or need to reschedule your visit.

We look forward to seeing you and your students.

Annette Graham

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ADDENDUM

This Addendum is agreed and entered into by and between the Boone County School District ("District") and Executive Charter Agreement ("Vendor"), and is intended to amend, modify, and supplement the Executive Charter Agreement (hereinafter, the "Agreement").

WHEREAS, the Vendor is providing services to the Boone County Board of Education and, by extension, the District; and

NOW THEREFORE, in consideration of the of the terms, covenants, conditions and promises set forth herein, as well as those set forth in the Parties' Agreement, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree to amend, modify, and supplement the Agreement as follows:

Section 1. Prohibition Against Use of Student or District Likeness. Vendor acknowledges and agrees that it may not disseminate the District's name, logo, or likeness for any reason, including marketing, internal training, or similar purposes, to any third party without written authorization from the District.

Section 2. Open Records. Vendor acknowledges that the District is subject to the Kentucky Open Records Act, KRS 61.870 to KRS 61.884, and may be required to disclose certain information obtained pursuant to the Parties' relationship as set forth therein. Vendor agrees that it will not pursue any legal action against the District for any disclosure of Vendor's information or data made in response to an Open Records Request.

Section 3. Equitable Relief. In any action or proceeding to enforce rights under the Agreement, the prevailing party will be entitled to recover costs and attorneys' fees. Vendor acknowledges that the District may seek and obtain injunctive relief for the unauthorized use or dissemination of District Data or Confidential Information, or other violations of the Parties' Agreement, in addition to, and not in limitation of, other legal remedies provided under state and federal law.

Section 4. Governance. The laws of the Commonwealth of Kentucky shall govern all questions as to the execution, validity, interpretation, construction and performance of this Agreement and Addendum, or any of their terms. Any suit, action or other proceeding regarding the execution, validity, interpretation, construction or performance of this agreement shall be filed in the Boone Circuit Court of the Commonwealth of Kentucky. In the event of litigation in a U.S. District Court, venue shall lie exclusively in the Eastern District of Kentucky.

Section 5. Effect of Addendum. The Parties agree that the terms and conditions set forth in this Addendum modify, amend, and supplement the Agreement as set forth above, and agree to be bound to the terms herein. To the extent that the Addendum expressly conflicts with the terms and conditions of the Agreement, the Addendum shall control.

IN WITNESS WHEREOF, the District and Vendor execute this Addendum to be effective consistent with the effective date of the Parties' Agreement.

BOONE COUNTY SCHOOL DISTRICT

By: _____

Date: _____

Printed Name: _____

Title/Position: _____

[VENDOR NAME HERE]

By: Executive Charter

Date: 2/18/25

Printed Name: Cannon Backels

Title/Position: Distribution Coordinator