Field Trip Planning Form

	This form is to be used wh	nen students take any trip off campus for	school purposes.			
School:	A 1 1	Grade(s): 4 Class/Activity Gr	1 11 -			
Teacher/S Person tra	Sponsor/Coach: Karen Palained with current medication adm	Cell Phone Num ninistration training CPR/FA/AED crede	ber: 859 757.3842.			
Destination	on Venue, Location and State: C	OSI Columbus OH	0 0 (0) (1)			
Trip Loca	ation Contact Person: COSI co	Phone Number: 18	88 819 2674 dial C			
# Teacher	rs:# Students:]	106 # Chaperones: 25 A	dult/Student Ratio: 1!4			
Date(s) & Times Cost Transportation						
Departi	re Date: 4.17.25	Total Cost: \$ 5,322.90	☐ District Bus/Van			
Time:	8:00 AM/PM	Funding Source:	Charter Bus:			
Return Date: 4.17.25		Fee to be assessed to students:	Approved Bid – Company Name			
Time: AM/PM		\$ 41 80	□Other:			
	•	Attach Student Activity Cost Form 09.15 AP.23	Attach a copy of Charter Bus Contract.			
Meals	At school prior to departure Student Packed Location where packed lunches will be					
Meais			umed: COSI Junch room			
	Student Purchase Restaurant	Name & Location:				
	(Name and location of each stop)	Name & Location:				
Over	Date:	Lodging:				
Night	Date:	Lodging:				
	tudent Circumstances: Review re	gets: hands on Science osters for students who require handic				
medication the state(s you have l	ns. Consult with the school nurse) where the trip is planned. This f isted who will be administering all	permission form, someone must be ide to see who is permitted to give routine form may not be submitted to Central Of medications and the nurse has ensured the	and/or emergency medications in fice for Board consideration until nat they are trained and authorized.			
Name of t	rained administrator(s) of routine	and emergency medications: Patry	haylor			
		rerification that medications administrate				
Due Date:		n in Roster and completed Parent Permis r are in process. (Teacher/Sponsor/C				
N/A I have viewed the field trip video for teachers/spensors/coaches found on the district website I have attached an anticipated Trip Itinerary						
		potential hazards/special requirements				
V		ncy action plan for the trip site and will di	istribute to all personnel attending			
-	the event in an official capacity.					
	Funds have been secured for ind					
	그 아이들이 되었다면 살아 아이들이 되었다면 하는데 그렇게 되었다면 하는데 이렇게 되었다면 하는데 없다면 하는데 없다면 하는데 없다면 하는데	or chaperone approval have been initiated				
		nts who currently have medication order ployee for KY trips and states where app				
Teacher/S	ponsor/Coach Signature:	uf aulla Date:	1.27.25			

School-Related Student Trip Request Form

EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)

ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue COO				
Venue Address 333 W. Broad St. Columbus OH 43215				
Person or email contacted at venue to discuss EAP Chris Scott				
Position/Title of person contacted Call Center Supervisor				
Date (s) of contact 1, 22, 25				
Is there an Automatic External Defibrillator (AED) on site ves no? Is it regularly maintained ves o? 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 alert customer - service desk of closest COSI work ev				
Will a portable AED be taken from school on this trip vest 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). 				
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.				
 APPROVAL SIGNATURES REQUIRED 				
O CHECK ALL BOXES BELOW THAT APPLY TO THIS TRIP REQUEST AND SECURE ALL REQUIRED SIGNATURES				
o Principal: Date: 2-7-2025 □ 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.				
 □ Travel outside the Tri-State area of KY, OH, IN □ Common Carrier contract including cost 				
o ☐ 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 				



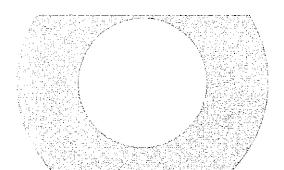
Chaperone Itinerary

- 7:30 am Students and chaperones arrive at school
- 8:00 am Buses leave for COSI
- 10:00 am Buses arrive at COSI
- 12:15 pm Students meet for lunch in the cafeteria (up the stairs)
- 3:30 pm Students meet at the front doors to use the restroom and load up buses
- 4:00 pm Buses leave COSI to return to BES
- 6:00 pm Buses arrive back at BES



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Automatic External Defibrillator (AED) Procedures

- Turn on the AED: Find the on/off button and turn it on.
- Attach the AED pads: Place one pad on the upper right side of the chest and the other
 on the lower left side.
- Analyze the heart rhythm: The AED will analyze the patient's heart rhythm and determine if a shock is needed.
- Deliver a shock if advised: If the AED advises a shock, press the shock button.
- Start CPR: Immediately after delivering a shock, begin CPR for two minutes

Notes: Only a person who is certified should operate the AED. It is important to follow the operating instruction that come with the AED.

AED Locations

- Level 1- Atrium Desk (adult)
- Level 1- Atrium Desk (infant and child)
- Level 2- Little Kidspace (infant and child and adult)
- Level 3/ Administration Level- (adult)

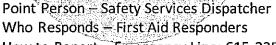
First Aid Bag Locations

- Level 1- Atrium Desk
- Level 1- Safety & Security Dispatch Office
- Level 2- Little Kidspace Exhibition Area
- Level 2- Gadgets Exhibition Area
- Level 2- Travel Exhibition Gallery





MEDICAL EMERGENCY/INJURY PROCEDURES



How to Report – Emergency Line: 615-225-2345 or a Team Member can Radio SAFETY

SERVICES

Check Point – Atrium Guest Services Desk

COSI has specifically trained Team Members who are responsible for providing emergency care and first aid in the event of a medical emergency. All Safety and Security Team Members are trained and certified in first aid, CPR, and use of an AED; please remember to not provide care unless you are specifically approached to be a member of the First Aid Response Team.

If you think, someone may need medical attention:

- If you are unsure if someone needs medical attention, ask the person if they need assistance.
- Initiate a first aid response by using the contact information listed above.
- A Team Member has been trained to use the phrase <u>"Activate first aid response</u> team to (location)".
- Remember that you do not need consent to call for assistance.
- If the situation obviously will require professional assistance do not hesitate to contact emergency services by picking up any COSI phone and dialing 8911 or 911 on a cellular phone. Error on the side of caution and remember to tell the first aid response team or another COSI Team Member that you have called 911.
- Do what you can to keep the injured person comfortable until help arrives. Do not touch blood or other bodily fluids that may be in the area.
- When the COSI First Aid Responder arrives, follow all of their instructions. These may include helping to clear the area, returning to regularly scheduled assignment, or assisting with members of the injured person's group.

Executive Charter, Inc.

1810 Monmouth St. Newport KY 41071 859-261-8841

reservations@executivetransportation.org

Account Name: BURLINGTON ELEMENTARY / PANELLA Acct ID: 7573842

Address: 5946 N. ORIENT STREET BURLINGTON, KENTUCKY 41005

Client Contact: KAREN PANELLA Phone#: 8597573842

	55		
4/17/2025 7:30:00AM	BURLING	GTON ELEMENTARY / PANELLA	Confirmation# 3082544
MOTOR COACH 55 PO # TRIP REMARKS: WAIT & RETURN BUS 1	FROM: TO:	BURLINGTON ELEMENTARY: 5946 N. ORIENT ST, BURLINGTON COSI: 333 W. BROAD ST, COLUMBUS, OH 43215	FARE: \$1,445.00 TIPS: \$50.00
			Total Fare \$1,495.00
4/17/2025 7:30:00AM	BURLING	GTON ELEMENTARY / PANELLA	Confirmation# 3082587
MOTOR COACH 55 PO # TRIP REMARKS: WAIT & RETURN	FROM: TO:	BURLINGTON ELEMENTARY: 5946 N. ORIENT ST, BURLINGTON COSI: 333 W. BROAD ST, COLUMBUS, OH 43215	FARE: \$1,445.00 TIPS: \$50.00
BUS 2			Total Fare \$1,495.00
4/17/2025 7:30:00AM	BURLING	GTON ELEMENTARY / PANELLA	Confirmation# 3082588
MOTOR COACH 55 PO # TRIP REMARKS: WAIT & RETURN	FROM: TO:	BURLINGTON ELEMENTARY: 5946 N. ORIENT ST, BURLINGTON COSI: 333 W. BROAD ST, COLUMBUS, OH 43215	FARE: \$1,445.00 TIPS: \$50.00
BUS 3			Total Fare \$1,495.00

Quote Total: \$4,485.00

1 of 2

Report Date: 1/29/2025 Report Time: 11:39:51AM