

### Field Trip Planning Form

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

School: Burlington Grade(s): 4 Class/Activity Group/Team: Fourth Grade  
 Teacher/Sponsor/Coach: Karen Panella Cell Phone Number: 859 757 3842  
 Person trained with current medication administration training CPR/FA/AED credential: Patty Kaylar

Destination Venue, Location and State: COSI Columbus OH  
 Trip Location Contact Person: COSI call center Phone Number: 1 888 819 2674 dial 0

# Teachers: 6 # Students: 106 # Chaperones: 25 Adult/Student Ratio: 1:4

Date(s) & Times		Cost	Transportation
Departure Date: <u>4.17.25</u>		Total Cost: \$ <u>5,322.90</u>	<input type="checkbox"/> District Bus/Van
Time: <u>8:00</u> <u>AM</u> /PM		Funding Source: _____	<input checked="" type="checkbox"/> Charter Bus: <u>Executive Busing</u>
Return Date: <u>4.17.25</u>		Fee to be assessed to students:	Approved Bid – Company Name
Time: <u>6:00</u> AM/PM <u>PM</u>		\$ <u>41.00</u>	<input type="checkbox"/> Other: _____
		<i>Attach Student Activity Cost Form 09.15 AP.23</i>	<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: <u>COSI lunchroom</u>
	School Cafeteria Packed <input type="checkbox"/>		
	Student Purchase Restaurant <input type="checkbox"/>	Name & Location:	
	(Name and location of each stop)	Name & Location:	
Over Night	Date:	Lodging:	
	Date:	Lodging:	

Trip Purpose and Core Content/learning targets: hands on science and technology

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: Patty Kaylar

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

Due Date: 4/11/25 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
- I have attached an anticipated Trip Itinerary
- I have evaluated the trip site for potential hazards/special requirements
- 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.
- Funds have been secured for indigent students
- If needed, background checks for chaperone approval have been initiated
- 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: Karen Panella Date: 1.27.25



### School-Related Student Trip Request Form

#### EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)

FOR

#### ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue COSI

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  yes  no? Is it regularly maintained?  yes  no? If yes, where is it located? safety office

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 worker

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: 2-7-2025

○  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.



## 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

Point Person – Safety Services Dispatcher

Who Responds – First Aid Responders

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 “Activate first aid response 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**

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

**Quote Total: \$4,485.00**