

### Field Trip Planning Form

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

School: A.M. Yealey Grade(s): 5 Class/Activity Group/Team: \_\_\_\_\_  
 Teacher/Sponsor/Coach: Vanessa Vandergriff Cell Phone Number: 859-468-9507  
 Person trained with current medication administration training CPR/FA/AED credential: Vanessa Vandergriff  
 Destination Venue, Location and State: Old & New Capital Buildings, KY History Center Frankf  
Ky  
 Trip Location Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 # Teachers: 5 # Students: 97 # Chaperones: 20 Adult/Student Ratio: 1:4

Date(s) & Times	Cost	Transportation
Departure Date: <u>4/4/25</u> Time: <u>9:00</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">AM</span> /PM	Total Cost: \$ <u>3070.00</u> Funding Source: <u>Student fees/PTA Grant</u>	<input type="checkbox"/> District Bus/Van <input checked="" type="checkbox"/> Charter Bus: <u>Executive</u> Approved Bid - Company Name: _____ <input type="checkbox"/> Other: _____
Return Date: <u>4/4/25</u> Time: <u>5:30</u> AM/ <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">PM</span>	Fee to be assessed to students: <u>\$ 35.00</u> <small>Attach Student Activity Cost Form 09.15 AP.23</small>	<small>Attach a copy of Charter Bus Contract.</small>
<b>Meals</b>	At school prior to departure <input type="checkbox"/>	Student Packed <input checked="" type="checkbox"/> Location where packed lunches will be consumed: <u>Capital grounds</u>
	School Cafeteria Packed <input checked="" type="checkbox"/>	
	Student Purchase Restaurant <input type="checkbox"/> (Name and location of each stop)	Name & Location: _____ Name & Location: _____
<b>Over Night</b>	Date: _____	Lodging: _____
	Date: _____	Lodging: _____

Trip Purpose and Core Content/learning targets: I can explain KY's role in government + history.

Special Student Circumstances: Review rosters for students who require handicapped accessibility, students not participating, other: elevator for student w/ wheelchair

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: Vanessa Vandergriff  
 School Nurse Initials: PNS for verification that medications administrator listed above received training.  
 Due Date: 3/28/25 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
- V.V.   I have attached an anticipated Trip Itinerary
- V.V.   I have evaluated the trip site for potential hazards/special requirements
- V.V.   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.
- V.V.   Funds have been secured for indigent students
- V.V.   If needed, background checks for chaperone approval have been initiated
- V.V.   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: V. Vandergriff Date: 2/3/25

**School-Related Student Trip Request Form**

**EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)  
FOR**

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

Destination/Venue Frankfort-Capitol Buildings + History Center  
 Venue Address 700 Capital Ave; Frankfort, KY 40601; 300 Broadway St; 100 W. Broadway St.  
 Person or email contacted at venue to discuss EAP Hannah Littenhous knseducation@ky.gov  
 Position/Title of person contacted Visitor Services Manager  
 Date (s) of contact November 2024 and February 3, 2025  
 Is there an Automatic External Defibrillator (AED) on site  yes  no? Is it regularly maintained?  yes  no? If yes, where is it located? First floor by emergency exit (capital) and Front Desk (History Center)  
 Does venue have an emergency response team (ERT) yes  no?  
 Process to request AED and/or ERT if needed at the scene Request from staff

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? Vanessa Vandergriff  
 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: Renee Turner Date: 2/1/25  
 ○  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.

**School-Related Student Trip Parent Permission Form**

Student: \_\_\_\_\_ Trip Destination/Location: Frankfort - Capitol / Museum  
 School: A.M. Vealey Class/Activity/Team: 5th Grade

Times		Cost		Transportation
Departure Date	<u>4/4/25</u>	Student Fee:	\$ <u>\$35.00</u>	District Bus/Van <input type="checkbox"/>
Time:	<u>8:50</u> <u>AM</u> /PM	Adult Fee:	\$ <u>5.00</u>	Charter Bus <input checked="" type="checkbox"/>
Return Date:	<u>4/4/25</u>	Due Date:	<u>3/28/25</u>	Other <input type="checkbox"/>
Time	<u>5:30</u> AM/ <u>PM</u>			
Meals	At school prior to departure <input type="checkbox"/>	Student Packed <input checked="" type="checkbox"/>	School Cafeteria Packed <input checked="" type="checkbox"/>	
	Student Purchase Restaurant <input type="checkbox"/> (Name and location of each stop)	Name & Location: Name & Location:		
Over Night	Date:	Lodging:		
	Date:	Lodging:		

Vanessa Kindergriff  
Teacher/Sponsor/Coach Signature

Kenee Turner  
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 \_\_\_\_\_)

CONFIRMATION of your field trip to Kentucky History Center and Museums on 4/4/25

From KHS Education <KHSeducation@ky.gov>

Date Mon 8/26/2024 10:07 AM

To Vandergriff, Vanessa <vanessa.vandergriff@boone.kyschools.us>; KHS Education <KHSeducation@ky.gov>

2 attachments (4 MB)

BUS MAP 2024.pdf; AKJ - Seek and Find - 2023.pdf;

You don't often get email from khseducation@ky.gov. [Learn why this is important](#)

EXTERNAL MESSAGE



Hello,

We look forward to hosting your school and appreciate the opportunity to help inspire and educate young Kentuckians. Please view and share our preparation video with your students and chaperones to organize a fun and successful field trip!

Field Trip Preparation Video

Call us at (502) 564-1792 if you have questions, are running late, or need to reschedule your visit. For New State Capitol inquiries contact: (502) 564 -3449.

Schedule of Activities

<b>A.M. Yealey Elementary School</b>		
<b>Friday, April 4, 2025</b>		
<b>Group A</b>		
WHEN (EST)	WHAT	WHERE
10:50 AM	Arrive, Welcome, Restroom	History Center, Ann Street Entrance
11:00 AM	Guided Tour of Old State Capitol	Old State Capitol, 300 W. Broadway
12:00 PM	Departure	History Center, Ann Street Entrance
12:30 PM	Lunch and Restrooms	New State Capitol
1:00 PM	Tour of New State Capitol Building	New State Capitol (700 Capital Ave.)
2:00 PM	Departure	New State Capitol (Capital Ave.)
2:20 PM.	Arrive, Welcome, Restroom	History Center, Ann Street Entrance

2:30 PM	Self-Guided Gallery Exploration	History Center A KY Journey & Hall of Governors
3:30 PM	Departure	History Center, Ann Street Entrance
<b>Group B</b>		
<b>WHEN (EST)</b>	<b>WHAT</b>	<b>WHERE</b>
11:00 AM	Tour of New State Capitol Building	New State Capitol (700 Capital Ave.)
12:00 PM	Lunch and Restrooms	New State Capitol
12:30 PM	Departure	New State Capitol (Capital Ave.)
12:50 PM	Arrive, Welcome, Restroom	History Center, Ann Street Entrance
1:00 PM	Guided Tour of Old State Capitol	Old State Capitol, 300 W. Broadway
2:00 PM	Self-Guided Gallery Exploration	History Center A KY Journey & Hall of Governors
3:00 PM	Departure	History Center, Ann Street Entrance

Make sure all teachers/chaperones receive a copy of this schedule and related information. Please be aware that KHS hosts many field trip groups and other visitors, we ask that you please consider their time and agendas while visiting.

#### Invoice

A.M. Yealey Elementary School (4/4/25)			
Activity	Number of Participants	Cost Per Participant	Cost
Student admission	100	\$0.00	\$0.00
Teacher admission ( <i>estimated number</i> )	5	\$0.00	\$0.00
Chaperone admission ( <i>estimated number</i> )	24	\$5.00	\$120.00
Learning Lab	0	\$0.00	\$0.00
<b>TOTAL AMOUNT OWED ON DAY OF VISIT *</b>			<b>\$120.00</b>
<p>* your field trip costs will be subsidized by the Elizabeth Lloyd "Libby" Jones Student Scholarship Fund. Please note: admission for other adult chaperones is \$5. Additional chaperones must pay as a group to receive this discount.</p>			

Use this email as an invoice for your payment, due day of visit. If you require an additional invoice, send invoice requests to [khseducation@ky.gov](mailto:khseducation@ky.gov) with the date of visit, school, and name/email address of your school's bookkeeper. Final invoice update requests must be submitted one week prior to your scheduled visit.

#### Payment

##### Paying in Person

After you arrive at the Ann Street Entrance, you will be directed to the admission desk for payment. Please collect admission fees from all chaperones and present them in one lump sum to receive the group discount. Cost is **\$5 per chaperone**.

\*\* Your field trip costs will be subsidized by the Elizabeth Lloyd "Libby" Jones Student Scholarship Fund, which supports school field trips to the Kentucky Historical Society for qualifying schools and their teachers. Additional chaperones are not included in scholarship funding, the full group rate of \$5 per person.

#### Payment Options:

- Cash
- Credit card (Visa, MasterCard, or American Express)
- Check made out to the Kentucky Historical Society

#### Cancellations and Refunds

If you need to reschedule your experience, payment will be put towards a future date if cancelled within 48 hours. **Any changes or cancellations to your visit must be submitted in writing to [KHSeducation@ky.gov](mailto:KHSeducation@ky.gov).** Only refunds over the amount of \$25.00 will be issued, anything under will be considered a donation to KHS.

Please note: KHS reserves the right to adjust or cancel all programming to follow State regulations and the needs of our facilities and staff. If this should occur accommodations will be made to reschedule your group at the earliest convenience. Please contact us via [khseducation@ky.gov](mailto:khseducation@ky.gov) if you have questions about this policy.

#### Before You Arrive

- If your group exceeds 60 people, it will be split. Determine who is in each group prior to your visit.
- Communicate the group name, schedule, and directions to all teachers, chaperones, and students.
- We require a ratio of 1 adult chaperone per 10 students; representatives of KHS do not count toward this number.
- For safety, teachers and chaperones must stay with the children and be fully attentive during their visit.
- Teachers are responsible for maintaining their schedules and movement between locations during the visit.
- All students **MUST** be dropped off and picked up at the bus stop at our Ann Street entrance. There are no designated areas for bus drop-offs/parking at the Old State Capitol or Military History Museum, please view the bus map (attached) for walking routes to each site.
- Keep yourself updated on weather and timing.
- If you decide to use printed copies of A Kentucky Journey or the Kentucky Military History Museum scavenger hunts (attached) please print copies before you arrive. If notified ahead of time, approximately 60 clipboards and pencils will be available at the front desk for use.

#### What To Bring

- Lunches
- Scavenger Hunts
- Schedules
- Payment
- Headcount of students, school staff, & adult chaperones

#### What Not to Bring

- No Backpacks
- No Ink Pens
- No Gum
- No Food or Drinks in the Gallery
- Old Scavenger hunts
- Non-KHS lecturers (speakers must be approved by KHS in advance)

#### Accessibility

If you need more information regarding accessibility for students or staff or to make individualized arrangements, please contact 502-564-1792.

#### Bus Drop-Off

- Bus drop-off is **only on Ann Street, at the side entrance** of the Thomas D. Clark Center for Kentucky History.
- Please ring the doorbell located on the far-right door and wait for admittance via intercom.
- **Bring lunches with you** and place them in the given carts, if they are left on the bus, they will be inaccessible.
- Before arriving at KHS please **give your bus driver the drop-off directions and parking map (attached)**.
- If your first stop of the day is at the Old State Capitol or the Kentucky Military History Museum, plan to arrive 10-15 minutes before your scheduled tour. Do **NOT** have buses drop off or pick up students at either one of these locations, you may **only** unload and load at the bus stop at Ann Street.

#### Arrival by Car

Proceed to the parking lot located at the corner of **Ann Street and West Broadway**. Please be sure to utilize the white lined parking spots and the designated crosswalks. Enter the building using the Broadway Street doors and proceed to the front desk.

#### Restrooms

- Our Ann Street entrance restrooms are the **only** restrooms large enough to serve a school group.
- We highly suggest taking a restroom break when you arrive at Ann Street.
- Please make sure adults accompany students on all restroom breaks.
- Help us keep our restrooms clean for our other guests and school groups by monitoring student's bathroom breaks.

#### Notice

Please keep students on the first floor of the History Center in order to respect the patrons conducting research in the library.

### **Important History Center Exhibit Information**

Recently, an object has been added to the A Kentucky Journey exhibit that could be upsetting for some students. You can learn about the object [here](#). We recommend positioning an adult chaperone from your group near the object or making sure that students are accompanied at all times during your visit. KHS staff will be prepared to answer questions about the object's historical significance.

### **Gift Shop**

The Gift Store has a **MAXIMUM CAPACITY of 10**. If you plan on visiting *A Kentucky Journey* please take small groups into the store during your gallery time. Please call 502-564-1792 to schedule a time to shop in The Stewart Home and Store Museum, or shop anytime at [history.ky.gov](http://history.ky.gov).

### **Lunch**

#### **Indoor and Outdoor lunch spaces**

- Require reservations, are available on a first-come basis in 30-minute time slots.
- Call us at 502-564-1792 if you want to add a dining space to your visit.
- Your reserved lunch time will appear on your schedule of activities
- We ask groups to be respectful of the groups that may be using that space before/after their reservation.
- **Groups are expected to clean up after themselves, cleaning supplies will be provided.**
- We have a limited supply of carts that you may use to store and transport lunches.
- Outdoor spaces available, weather permitting.

### **Enhancing Your Visit**

We have developed some activities to create a more meaningful experience for your students. Feel free to use them in electronic format or print them off for use here at KHS.

### **Scavenger Hunts (Updated, 2023)**

- [Kentucky History Center Gallery Scavenger Hunt](#)
- [Kentucky Military History Scavenger Hunt](#)

### **Our Stories Our Services: KY's Women Veterans**

- [A Teachers Guide \(Digital Version\)](#)

### **KAS Connections**

- [KY Social Studies Resource Guides](#)

Our website [history.ky.gov](http://history.ky.gov)

- Prerecorded tours
- Streaming media
- KAS Resources
- Access to our vast collections



### **Explore KY History App**

provides users with great information on the historical markers located throughout the Commonwealth.

### **Support KHS**

To stay updated on our program offerings, join our [email](#) list or check us out on social media. You can also support KHS by becoming a [member](#), and receive great discounts!

### **Questions?**

No problem! A KHS staff member is present at the front desk for the entirety of your visit, ready to answer any questions or address any concerns you may have. If you are unable to get to the front desk, please call us at **502-564-1792**.

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

Account Name: YEALEY ELEMENTARY SCHOOL Acct ID: 4689507

Address: 10 YEALEY DR. FLORENCE, KY 41042

Client Contact: VANESSA VANDERGRUFF Phone#: 8594689507

<p>4/4/2025 8:30:00AM YEALEY ELEMENTARY SCHOOL</p> <p>MOTOR COACH 55 FROM: YEALEY ELEMENTARY SCHOOL: 10 YEALEY DR. 41042 TO: FRANKFORT, KY:</p> <p><b>TRIP REMARKS:</b>          WAIT &amp; RETURN TO SCHOOL ABOUT 5:30PM/6PM          Order has more than 1 vehicle (2)</p>		<p>Confirmation# <b>3029486</b></p> <p>FARE: \$1,425.00</p> <p>TIPS: \$50.00</p> <p><b>Total Fare \$1,475.00</b></p>
<p>4/4/2025 8:30:00AM YEALEY ELEMENTARY SCHOOL</p> <p>MOTOR COACH 55 FROM: YEALEY ELEMENTARY SCHOOL: 10 YEALEY DR. 41042 TO: FRANKFORT, KY:</p> <p><b>TRIP REMARKS:</b>          WAIT &amp; RETURN TO SCHOOL ABOUT 5:30PM/6PM          Order has more than 1 vehicle (2)</p>		<p>Confirmation# <b>3029488</b></p> <p>FARE: \$1,425.00</p> <p>TIPS: \$50.00</p> <p><b>Total Fare \$1,475.00</b></p>

**Invoice Total: \$2,950.00**

**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 \_\_\_\_\_



**School-Related Student Trip Request Form****UPON APPROVAL, THIS FORM WILL BE RETURNED FOR FINAL PREPARATIONS**

<input type="checkbox"/> Provide a copy of this approved form to the bookkeeper and request Purchase Orders for all expenses <input type="checkbox"/> Make reservation with the venue <input type="checkbox"/> Make transportation arrangements <input type="checkbox"/> Send out completed principal approved Parent Permission Forms. <input type="checkbox"/> Confirm receipt of Parent Permission Forms & authenticate signatures. Send reminders, if needed. <input type="checkbox"/> Collect fees using the Multiple Receipt Form and turn funds into the Bookkeeper daily. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> Confirm that personnel trained in medication administration, as needed and CPR/FA/AED will attend. Name of trained personnel <u>V. Vandenburg</u> <input type="checkbox"/> Cost for nursing, if applicable, shall be arranged and paid by the school. School Nurse Signature: <u>[Signature]</u> Date: <u>2/7/25</u>		
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**ON THE DAY OF THE TRIP**

- |   |  |
|---|--|
| <input type="checkbox"/> Provide chaperone orientation (video, etc.)<br><input type="checkbox"/> Provide office with a list of chaperones & cell numbers<br><input type="checkbox"/> Take student medications in original labeled bottle<br><input type="checkbox"/> Take parent permission slips with you on the trip<br><input type="checkbox"/> Give office copies of all parent permission slips<br>(Retain for one (1) year) | <input type="checkbox"/> Post attendance prior to leaving<br><input type="checkbox"/> Take student lunches (if applicable)<br><input type="checkbox"/> Take classroom emergency kit<br><input type="checkbox"/> Take required payments<br><input type="checkbox"/> Provide copy of event specific EAP to all personnel attending in an official capacity, including cell numbers for all |
|---|--|