

Field Trip Planning Form

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

School: Ryle HS Grade(s): 9-11 Class/Activity/Group/Team: Speech + Debate  
 Teacher/Sponsor/Coach: Rachel Page Cell Phone Number: 859-496-2647  
 Person trained with current medication administration training CPR/FA/AED credential: Rachel Page

Destination Venue, Location and State: Hilton Chicago - 720 S. Michigan Ave. 60605  
 Trip Location Contact Person: Katy Cecile Phone Number: 270-766-9994

# Teachers: 1 # Students: 4 # Chaperones: 1 Adult/Student Ratio: 1:2

Date(s) & Times		Cost	Transportation
Departure Date: <u>5/23/25</u> Time: <u>6:00</u> <u>AM</u> / <u>PM</u>		Total Cost: \$ <u>approx 2900</u> Funding Source: <u>Students; speech + debate acct.</u>	<input type="checkbox"/> District Bus/Van <input type="checkbox"/> Charter Bus:
Return Date: <u>5/26/25</u> Time: <u>10:00</u> <u>AM</u> / <u>PM</u>		Fee to be assessed to students: <u>\$ 500</u> <small>Attach Student Activity Cost Form 09.15 AP.23</small>	Approved Bid - Company Name <u>Enterprise</u> <input checked="" type="checkbox"/> Other: <u>rental van</u> <small>Attach a copy of Charter Bus Contract.</small>
Meals	At school prior to departure <input type="checkbox"/> Student Packed <input checked="" type="checkbox"/> Location where packed lunches will be consumed: <u>vehicles/hotel</u>		
	School Cafeteria Packed <input type="checkbox"/> Name & Location: <u>TBD</u>		
Over Night	Student Purchase Restaurant <input checked="" type="checkbox"/> (Name and location of each stop)		
	Name & Location:		
Over Night	Date: <u>5/23/25 to</u>	Lodging: <u>Hilton Chicago</u>	
	Date: <u>5/26/25</u>	Lodging:	

Trip Purpose and Core Content/learning targets: NCFE Grand National Tournament

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: Rachel Page

School Nurse Initials: SLW 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)

- N/A I have viewed the field trip video for teachers/sponsors/coaches found on the district website
- RP I have attached an anticipated Trip Itinerary
- RP I have evaluated the trip site for potential hazards/special requirements
- RP 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.
- RP Funds have been secured for indigent students
- RP If needed, background checks for chaperone approval have been initiated
- RP 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: Rachel Page Date: 3/20/25

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

FOR

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

Destination/Venue Hilton Chicago  
 Venue Address 720 S. Michigan Ave. Chicago, IL 60605  
 Person or email contacted at venue to discuss EAP CHICH - Front-Office-Manager@hilton.com  
 Position/Title of person contacted office manager  
 Date (s) of contact 3/18/25  
 Is there an Automatic External Defibrillator (AED) on site ☒ yes ☐ no? Is it regularly maintained? ☒ yes ☐ no? If yes, where is it located? one on every hotel floor  
 Does venue have an emergency response team (ERT) yes ☒ no?  
 Process to request AED and/or ERT if needed at the scene call security

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? if needed, Rachel Page will take

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: 3/26/25

○ ☐ 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.

## **NCFL ITINERARY**

### **Friday, May 23**

6:00am      Leave for Chicago  
Day          Registration, explore Chicago  
Evening      Practice/prep

### **Saturday, May 24**

7:30am      Debate rounds start  
9:00am      Speech rounds start  
5:30pm      Approximate end of speech rounds  
6:30pm      Approximate end of debate rounds  
7:30pm      Dinner!  
10:30pm     Online Postings

### **Sunday, May 25**

7:30am      Elimination rounds begin  
7:30pm      Awards

### **Monday, May 26**

9:00am      Check out of hotel  
Day          Explore Chicago  
3:00pm      Leave for home  
10:00pm     Approximate return to Ryle

Hotel: Hilton Chicago  
720 S Michigan Ave  
Chicago, IL 60605  
312-922-4400

Bring: stuff for breakfast/snacks  
money for food, activities, and souvenirs  
umbrella/raincoat  
laptop/charger  
good walking shoes  
refillable water bottle

Tournament details: <http://www.ncflnationals.org>

Mrs. Page              859-496-2647

Reminder: Saturday is long! Our hotel does not offer free breakfast, so if you are a breakfast person you should bring stuff with you. Lunch on Saturday is provided.

Pack light! We're all in the same vehicle :)

PAGE, RACHEL

05/22/2025 04:30 PM

MINIVAN  
7 SEATS

Reservation: 7R832N

Date Taken: 04/01/2025

By: RYLANCE-BEDNAR, AMANDA

Origin: BRANCH

## Vehicle

Car Class: MINIVAN 7 SEATS

Rate Quoted: \$99.80/DAY  
\$482.53/WEEKEst. Total  
Quoted:

Specials:

Mileage Charge: NO CHARGE

Preferences:

## Authorization

Status:

Car Class:

Auth Amount:

# of Days:

Max Per Day:

Total Max Amount:

% Auth:

## Product/Services

DW/CDW OPTIONAL

\$26.99/DAY

With Damage Waiver = 676.16  
~~875.00~~

## Authorization

## Pick Up/Return

Pick Up Date: 05/22/2025

Return Date: 05/27/2025

Pick Up Time: 04:30 PM

Return Time: 09:00 AM

Pick Up Group: A0038\_EAN HOLDINGS\_ LLC

Return Group: A0038\_EAN HOLDINGS\_ LLC

Pick Up Branch: NEWPORT 3825

Return Branch: NEWPORT 3825

1746 MONMOUTH ST

1746 MONMOUTH ST

NEWPORT, KY 410712635

NEWPORT, KY 410712635

Pick Up Method:

Return Method:

Pick Up Location:

Return Location:

## Directions:

## Renter Information

PAGE, RACHEL

Home: (859) 496-2647

Work:

Other:

## Bill-to

Rental Type: RETAIL

Claim Type:

Claim/Pol/PO/RO:

Insured Name:

## Shop

Renters Vehicle:

## Flight Information

Airline:

Flight:

Terminal:

Arrival Date:

Arrival Time: