Field Trip Planning Form

School: Zyle: HS Grade(s): 9-11 Class/Activity Group/Team: Speech + Debate Teacher/Sponsor/Coach: 12achel Page Cell Phone Number: 859-496-2647 Person trained with current medication administration training CPR/FA/AED credential 12achel Page Destination Venue, Location and State: H Hon Clace Phone Number: 270 5 Michigan Ave. 60 Trip Location Contact Person: Laty Cecil Phone Number: 270 - 766-7994	This form is to be used when students take any trip off campus for school purposes.								
Teacher/Sponsor/Coach: Page	School:		A						
Person trained with current medication administration/training CPR/FA/AED credential 22 class Page Destination Venue, Location and State: http://dx.com/abs/http.	Teacher/S	ponsor/Coach: Rachel	Paae Cell Phone Numl	per: 859-496-21047					
Trip Location Contact Person: Catu PhonoNumber: A70 - 746 7944 Teachers: # Students: # Chaperones: Adult/Student Ratio: 2 Transportation District Bus/Van Charter Bus: Catt Special Student Parchase Restaurant Alach Activity Cost Form 09.15 Alach Purchase Restaurant Alach Packed Company Name Enterprise Bus Contract Approved Bid - Company Name Enterprise Bus Contract Approved Bid	Person tra	ined with current medication adm	inistration training CPR/FA/AED creder	ntial Rachel Page					
Teachers:	Destination	on Venue, Location and State:	ilton Chicago - 720	S. Michigan Aver 6					
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Fee to be assessed to students: Ame	l., .	= = 114/1=	acct.	Approved Bid - Company					
At school prior to departure Student Packed Student Packed Student Packed Student Packed Student Packed Student Purchase Restaurant (Name and location of each stop) Name & Location: Date: 5 2 3 3 5	1		1	Name Enterprise					
Meals Meals At school prior to departure Student Packed Location where packed lunches will be School Cafeteria Packed Consumed: Vehicles Note	Time: _	10.00 AMEM)							
Student Purchase Restaurant Name & Location: Name of Location: Nam	1			Attach à copy of Charter Bus Contract.					
Student Purchase Restaurant Name & Location: Name of Location: Name		At school prior to departure	Student Packed Locat	ion where packed lunches will be					
Student Purchase Restaurant (Name and location of each stop) Date: 5 23 25 Lodging: Lodg	Meals	, and a separate —							
(Name and location of each stop) Name & Location: Date: 5 23 25 to Lodging: Lodgin	ŀ	Student Purchase Restaurant							
Over Night Date: 5 Au 25 Lodging: Trip: Purpose and Core Content/learning targets: CF Grand Nathonal Townsman 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 this 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: Dachel Page School Nurse Initials: Storm 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 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		· ·	Name & Location:	444					
Date: 5 au 2.5 Trip:Purpose and Core Content/learning targets:		Date: 5/02/00	Lodging: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
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the event in an official capacity.	RP			istribute to all personnel attending					
100 Thursday have been accommed for indigent students									
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):									
Toucher Spanson Couch Signatura Van ha OKHE Large 3/20125	Tonale "	3/20/25							
Teacher/Sponsor/Coach Signature: Kanada Signature: Date: 5 0125	i cáchéil	phoireofficiaen enguature.	Date.	-VIV.					

School-Related Student Trip Request Form

EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP) FOR

	ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS
Destina	tion/Venue Hilton Chicago
Venue A	Address 720 S. Michigan Ave. Chicago, 12 60603
Person o	Address 720 S. Michigan Avr. Chicago, IL 60605 or email contacted at venue to discuss EAP CHICH - Front - Office - Managusch Hon. com
Position	/Title of person contacted off a manager
Date (s)	of contact 3 18 25
	an Automatic External Defibrillator (AED) on site ves no? Is it regularly maintained ves o? If ere is it located? One or early byte of the content of the co
Does ve	nue have an emergency response team (ERT) yes on?
Process	to request AED and/or ERT if needed at the scene <u>Call Security</u>
Will a p	ortable AED be taken from school on this trip version? If yes, who will be responsible for oversight and of AED? if resided 20 cm. will be responsible for oversight and
Is any o	ther assigned emergency equipment available on field trip? yes Ano
If so, lis	t location of equipment
	ool personnel or volunteer attending in an official capacity who is in charge of the student is responsible for a components of the EAP.
The mại	n components of this Cardiac Emergency Action Plan that need to be communicated include:
-0	Location of AEDs.
' •	If possible, how to gain access.
1	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
Ó,	CHECK ALL BOXES BELOW THAT APPLY TO THIS TRIP REQUEST AND SECURE ALL REQUIRED SIGNATURES
O O	Principal: Date: 3/26/25
,o ,o.	Superintendent/Designee: Date: Date:
0	Board of Education: Meeting Date: Submit forms to Superintendent/Designee for review and submission to the Board for approval.
0	Submit forms to Superintendent/Designee for review and submission to the Board for approval. Travel outside the Tri-State area of KY, OH, IN
O	☐ Common Carrier contract including cost
0	☐ 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
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NCFL ITINERARY

Friday, May 23

6:00am

Leave for Chicago

Day

Registration, explore Chicago

Evening

Practice/prep

Saturday, May 24

7:30am 9:00am

Debate rounds start Speech rounds start

5:30pm

Approximate end of speech rounds

6:30pm 7:30pm

Approximate end of debate rounds Dinnerl

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:)

AGE, RACHE	L	05/22/2025 04:30 PM MINIVA 7 SEATS		
Reservation: 7R83	2N Date Taken: 04/01/2025 By: 1	RYLANCE-BEDNAR, AI	MANDA	Origin: BRANCH
Vehicle Car Class:	MINIVAN 7 SEATS	··· Authorization		
Rate Quoted:		Status:		
Marc Gaoson.	\$99.80/DAY \$482.53/WEEK	; Car Class:		;
rut Tatal	4 102.33) WEEK	Auth Amount:		1
Est. Total Quoted:		# of Days:		; ;
Specials:		Max Per Day:		1
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Product/Service	es	. :44- 5	xomage waive	27 - 67 6 71
DW/CDW OPTION	AL \$26.99/DAY	ω_{m}	Continuinge of	omeoples
- Authorization				
	and the second of the second o	A 1004		
Pick Up/Return			0E/27/2025	
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 41071263	55
Pick Up Method:		Return Method:		:
Pick Up Location	:	Return Location:		
Directions:			6	
Renter Informa	tion		*****************************	
PAGE, RACHEL		Home:	(859) 496-2647	
		Work:		
		Other:		
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	il Type: RETAIL		`	
	Туре:			
	/Pol/PO/RO:		,	
	red Name:			
2,,301				
5*			* ** * ***	
Shop ··				
		Renters Vehicle:		
Flight Information	tion			
Airline:	Flight:		Terminal:	

Flight:

Arrival Time:

Airline: Arrival Date: