

STUDENTS

Field Trip Planning Form

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

School: Boone Co High Grade(s): 12 Class/Activity Group/Team: Forensics Team
 Teacher/Sponsor/Coach: Erin Tharpe Cell Phone Number: 859-846-7571
 Person trained with current medication administration training CPR/FA/AED credential: Erin Tharpe

Destination Venue, Location and State: Des Moines, IowaTrip Location Contact Person: Scott Wunn Phone Number: _____# Teachers: 1 # Students: 2 # Chaperones: 1 Adult/Student Ratio: 1:1

Date(s) & Times	Cost	Transportation
Departure Date: <u>6/14</u>	Total Cost: \$ <u>~\$300</u>	<input type="checkbox"/> District Bus/Van
Time: <u>8:00</u> AM/PM	Funding Source: <u>Student pay/</u>	<input type="checkbox"/> Charter Bus:
	<u>Fundraising</u>	
Return Date: <u>6/21</u>	Fee to be assessed to students:	Approved Bid - Company
Time: <u>8:00</u> AM/PM	\$ <u>~300</u>	Name
	Attach Student Activity Cost Form 09.15 AP.23	<input checked="" type="checkbox"/> Other: <u>Parent Driver</u>
		Attach a copy of Charter Bus Contract.

Meals	At school prior to departure <input type="checkbox"/>	Student Packed <input checked="" type="checkbox"/>	Location where packed lunches will be consumed: _____
	School Cafeteria Packed <input type="checkbox"/>		
	Student Purchase Restaurant <input checked="" type="checkbox"/>	Name & Location: <u>Various Restaurants in Iowa</u>	
	(Name and location of each stop)	Name & Location:	
Over Night	Date: <u>6/14 - 6/21</u>	Lodging: <u>Comfort Suites West Des Moines</u>	
	Date:	Lodging:	

Trip Purpose and Core Content/Learning targets: Speech & Debate National TournamentSpecial Student Circumstances: Review rosters for students who require handicapped accessibility, students not participating, other: N/A

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: Erin TharpeSchool Nurse Initials: JK for verification that medications administrator listed above received training.Due Date: 5/30/25 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
at I have attached an anticipated Trip Itinerary
at I have evaluated the trip site for potential hazards/special requirements
at 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.
at Funds have been secured for indigent students
at If needed, background checks for chaperone approval have been initiated
at 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: Erin Tharpe Date: 5/7/25

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

FOR

ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUSDestination/Venue Des Moines, Iowa (various venues)Venue Address Des Moines, IowaPerson or email contacted at venue to discuss EAP various (see attached)Position/Title of person contacted various (see attached)Date (s) of contact 5/6/25Is there an Automatic External Defibrillator (AED) on site? ☒ yes ☐ no? Is it regularly maintained? ☐ yes ☐ no? If yes, where is it located? see attachedDoes venue have an emergency response team (ERT) yes ☐ no? ☒ no?Process to request AED and/or ERT if needed at the scene go to location / call 911 / call first aid on sceneWill 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: Stacey Black Date: 5/13/25

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- ☒
- 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.

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- ☒
- Travel outside the Tri-State area of KY, OH, IN

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- ☐
- 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.