

Field Trip Planning Form

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

School: Cooper High School Grade(s): 10 Class/Activity Group/Team: FCCLATeacher/Sponsor/Coach: Knight/Giska Cell Phone Number: 502.552.9256/\* Person trained with current medication administration training CPR/FA/AED credential Giska 513.313.5253  
9800 International Drive Orlando FL 32819Destination Venue, Location and State: Orange County Convention Center Orlando FLTrip Location Contact Person: Ashleigh VanHoose Phone Number: 502.542.8704# Teachers: 1 # Students: 2 # Chaperones: 1 Adult/Student Ratio: 2:1

<b>Date(s) &amp; Times</b> Departure Date: <u>July 4</u> Time: <u>8:00</u> AM/PM <u>PM</u> Return Date: <u>July 9</u> Time: <u>9:00</u> AM/PM <u>PM</u>		<b>Cost</b> Total Cost: \$ <u>5,800</u> Funding Source: <u>LAVEC/CTE</u> <u>Funds + FCCLA</u> Fee to be assessed to students: \$ <u>0</u> <i>Attach Student Activity Cost Form 09.15 AP.23</i>	<b>Transportation</b> <input type="checkbox"/> District Bus/Van <input type="checkbox"/> Charter Bus: Approved Bid – Company Name <input checked="" type="checkbox"/> Other: <u>Delta Airlines</u> <i>Attach a copy of Charter Bus Contract.</i>
<b>Meals</b>	At school prior to departure <input type="checkbox"/>	Student Packed <input type="checkbox"/>	Location where packed lunches will be consumed: _____
	Student Purchase Restaurant <input checked="" type="checkbox"/> (Name and location of each stop)	Name & Location: <u>TBD various, Orlando FL</u> Name & Location: _____	
<b>Over Night</b>	Date: <u>July 4-9, 2025</u> Date: " "	Lodging: <u>Hilton Orlando 6001 Destination</u> Lodging: <u>Pkwy Orlando, FL 32819</u>	

Trip Purpose and Core Content/learning targets: Leadership Development through FCCLASpecial 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: GiskaSchool Nurse Initials: [Signature] for verification that medications administrator listed above received training.Due Date: 5/23/25 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 websiteCK I have attached an anticipated Trip ItineraryCK I have evaluated the trip site for potential hazards/special requirementsCK 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.CK Funds have been secured for indigent studentsCK If needed, background checks for chaperone approval have been initiatedCK 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: Caylen Knight Date: 5/18/25

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

FOR

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

Destination/Venue Orange county convention center west concourse  
 Venue Address 9800 International Drive Orlando FL 32819  
 Person or email contacted at venue to discuss EAP Ashleigh Van Hoose / ECCLA Nationals  
 Position/Title of person contacted ECCLA state supervisor  
 Date (s) of contact 5/7/25

Is there an Automatic External Defibrillator (AED) on site ☒ yes ☐ no? Is it regularly maintained? ☒ yes ☐ no? If yes, where is it located? see attached document (emailed)

Does venue have an emergency response team (ERT) ☒ yes ☐ no?

Process to request AED and/or ERT if needed at the scene see attached email

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: Michael Mason Date: 05.16.25  
 ○ ☐ Required for all trips

○ Superintendent/Designee: \_\_\_\_\_ Date: \_\_\_\_\_  
 ○ ☐ Overnight Trips

○ Board of Education: \_\_\_\_\_ Meeting Date: 6/12/25  
 ○ 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: Distance too far to drive  
 ○ All field trip forms requiring Board approval must be completed and submitted by Deadline for next Board meeting.

## **AED Locations**

### **West Building**

AED Unit #9  
AED Unit #8

#### **Dock Areas:**

Outside between Dock 9 and Dock 10  
Outside near Dock 4

#### **Level 100**

AED Unit #7  
AED Unit #20  
AED Unit #21  
AED Unit #18  
AED Unit #16

South Food Court A at foyer entrance area to MR W101-109  
Registration A area; phone bank outer wall.  
Registration B area; near ramp back side of Food Service Office  
Westwood Entrance from Parking Lot, near South Escalator  
West Side Grill Cafeteria; outside tunnel/corridor area

#### **Level 200, Main Concourse:**

AED Unit #2  
AED Unit #3  
AED Unit #1  
AED Unit #19  
AED Unit #17  
AED Unit #22

Med Room #1, across from Meeting Room W224A  
Med Room #3, Central Lobby near wall marked Telephones  
Halls EF Lobby area near Escalators/Stairs (towards Rosen Plaza)  
A4/B1 Concourse, wall opposite exhibit hall doors  
Central Lobby Concourse near Box Office  
D Lobby Guest Elevator area

#### **Level 300**

AED Unit #6  
AED Unit #4  
AED Unit #24  
AED Unit #23  
AED Unit #15

Near Meeting Room W307A  
Near Chapin Theatre at Walkover Hallway to Parking between Halls C/D  
Entrance area to W300 Lecture Hall  
Near Meeting Room W331  
Near Security Breakroom; north walkover nearest Westwood Ent.

#### **Level 400:**

AED Unit #5

Between Meeting Room W414 D and Valencia/415

### **North Building**

AED Unit #13

#### **Dock Area:**

Ramp #22 near Telecom Room

#### **Level 200, Main Concourse:**

AED Unit #12  
AED Unit #29  
AED Unit #26

NA Concourse near escalators by pay phones  
NB Concourse near escalators by pay phones  
Near Fed Ex by pay phones

#### **Level 300**

AED Unit #25

NB escalator area by pay phones

### **South Building**

AED Unit #11

#### **Dock Area:**

Ramp #17 near Telecom Room

#### **Level 200, Main Concourse:**

AED Unit #30  
AED Unit #10  
AED Unit #27

SB Concourse next to Admin S231, near doors to parking lot  
SB Concourse near escalators by pay phones  
SA Concourse near entrance door to Fed Ex

#### **Level 300:**

AED Unit #28

SB escalator area by pay phones