

Field Trip Planning Form

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

School: Ryle High School Grade(s): 9-12 Class/Activity Group/Team: FCCLA

Teacher/Sponsor/Coach: Susan Dews Cell Phone Number: 859-620-3787

Person trained with current medication administration training CPR/FA/AED credential: Susan Dews

Destination Venue, Location and State: Hilton Orlando Hotel, Orlando, FL

Trip Location Contact Person: Robert Hubbell - Security director Phone Number: 407-313-4300

Teachers: 2 # Students: 4 # Chaperones: 0 Adult/Student Ratio: 2/4

| Date(s) & Times | | Cost | Transportation |
|---------------------------------|---|---|---|
| Departure Date: <u>7/4/2025</u> | | Total Cost: \$ <u>5497</u> | <input type="checkbox"/> District Bus/Van |
| Time: <u>3:30 PM</u> AM/PM | | Funding Source: <u>Students and LAVEC/CTE funds</u> | <input type="checkbox"/> Charter Bus: |
| Return Date: <u>7/9/2025</u> | | Fee to be assessed to students: | Approved Bid – Company Name |
| Time: <u>9:00 PM</u> AM/PM | | \$ <u>225</u> | <input checked="" type="checkbox"/> Other: Delta Airlines |
| | | <i>Attach Student Activity Cost Form 09.15 AP.23</i> | <i>Attach a copy of Charter Bus Contract.</i> |
| Meals | At school prior to departure <input type="checkbox"/> | Student Packed <input type="checkbox"/> | Location where packed lunches will be consumed: _____ |
| | School Cafeteria Packed <input type="checkbox"/> | | |
| Over Night | Student Purchase Restaurant <input checked="" type="checkbox"/> (Name and location of each stop) | Name & Location: Various restaurants near Orlando, FL | |
| | | Name & Location: | |
| Over Night | Date: <u>7/4/2025 to 7/9/2025</u> | Lodging: <u>Hilton Orlando Hotel in Orlando, FL</u> | |
| | Date: | Lodging: | |

Trip Purpose and Core Content/learning targets: FCCLA National Leadership Conference

Special 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: Susan Dews

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
- SLW I have attached an anticipated Trip Itinerary
- SLW I have evaluated the trip site for potential hazards/special requirements
- SLW 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.
- SLW Funds have been secured for indigent students
- N/A If needed, background checks for chaperone approval have been initiated
- SLW 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: Susan Dews Date: 5/8/2025

School-Related Student Trip Request Form**EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)****FOR****ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS**Destination/Venue Hilton Orlando HotelVenue Address 6001 Destination Parkway Orlando, FL 32819Person or email contacted at venue to discuss EAP yesPosition/Title of person contacted The front desk is who I spoke with at 8:58 am on 5/8/2025. She called security to be sure while I was on the phone. 407-313-4300 is the number I called from our reservation email we received.Date (s) of contact 5/8/2025Is there an Automatic External Defibrillator (AED) on site ☒ yes ☐ no? Is it regularly maintained? ☒ yes ☐ no? If yes, where is it located? Two on location they are portable, 1 with security and 1 near lobbyDoes venue have an emergency response team (ERT) ☒ yes ☐ no? Security team will respond. Fire team across the street if they need extra assistance and a local hospital nearby.Process to request AED and/or ERT if needed at the scene Yes, call the front desk and security will meet you where you and the student are at with the AED.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: 27 Matt [Signature] Date: 5/14/25○ ☐ 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: Delta - Distance○ All field trip forms requiring Board approval must be completed and submitted by Deadline for next Board meeting.

5/8/25, 9:23 AM

Trip Summary Booking : Delta Air Lines : Best Fare Guarantee on Delta Tickets : Delta Air Lines®



SAVED

Trip Summary
 Review & Pay
 Confirmation

Trip Summary

MEETING CODE APPLIED

Outbound

Change Flight

DL2824

Fri, Jul 04

3:31pm - 5:47pm

Basic

CVG → MCO

Nonstop

2h 16m

3:31 pm

CVG

Cincinnati, OH

2h 16m

MCO

Orlando, FL

Terminal B

5:47 pm

DL2824

BOEING 737-800

Basic (E)



+1 More

Meal Services
Snacks, Drinks

5/8/25, 9:23 AM

Trip Summary Booking : Delta Air Lines : Best Fare Guarantee on Delta Tickets : Delta Air Lines®



Wed, Jul 09

Nonstop

2h 19m

Change Flight

5:29pm - 8:47pm

Basic

6:28 pm

MCO

Orlando FL

Terminal B

2h 19m

CVG

Cincinnati, OH

Terminal

8:47 pm

DL2824

BOEING 737-800

Basic (E)



+1 More

Meal Services
Snacks, Drinks

Cancelable/ Nonrefundable



UPGRADE