

Field Trip Planning Form

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

School: Conner High Grade(s): 10-12 Class/Activity Group/Team: Football
 Teacher/Sponsor/Coach: Jim Hicks Cell Phone Number: 859-912-2639
 Person trained with current medication administration training CPR/FA/AED credential yes

Destination Venue, Location and State: Madison Central High School
 Trip Location Contact Person: Wm. BLAIR Phone Number: 859-625-6109
 # Teachers: 3 # Students: 60 # Chaperones: 4 Adult/Student Ratio: 119

Date(s) & Times		Cost	Transportation
Departure Date:	<u>8/22/25</u>	Total Cost: \$ _____	<input type="checkbox"/> District Bus/Van
Time:	<u>4:30</u> AM/PM <u>(P)</u>	Funding Source: _____	<input checked="" type="checkbox"/> Charter Bus:
Return Date:	<u>8/22/25</u>	Fee to be assessed to students:	Approved Bid - Company Name
Time:	<u>11:30</u> AM/PM <u>(P)</u>	\$ <u>N/A</u>	<input type="checkbox"/> Other:
		Attach Student Activity Cost Form 09.15 AP.23	Attach a copy of Charter Bus Contract.
Meals	At school prior to departure <input type="checkbox"/> Student Packed <input type="checkbox"/> Location where packed lunches will be _____		
	School Cafeteria Packed <input type="checkbox"/> Consumed: _____		
Over Night	Student Purchase Restaurant <input type="checkbox"/>	Name & Location:	
	(Name and location of each stop)	Name & Location:	
Over Night	Date:	Lodging:	
	Date:	Lodging:	

Trip Purpose and Core Content/learning targets: Football GameSpecial Student Circumstances: Review rosters for students who require handicapped accessibility, students not participating, other: NA

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: Jim Hicks, Noel Rash, Chase FordSchool Nurse Initials: [Signature] for verification that medications administrator listed above received training.Due Date: N/A 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.
NA I have attached an anticipated Trip Itinerary.
NA I have evaluated the trip site for potential hazards/special requirements.
NA 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.
[Signature] Funds have been secured for indigent students.
[Signature] If needed, background checks for chaperone approval have been initiated.
[Signature] 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: [Signature]Date: 8/22/25

Nurse is not available but A.D. verifies that training was completed 8/10/25

School-Related Student Trip Request FormEVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)
FOR ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUSDestination/Venue: Madison Central High SchoolVenue Address: 205 N 2nd St Richmond KyPerson or email contacted at venue to discuss EAP: William BlairPosition/Title of person contacted: Head Football CoachDate(s) of contact: 7/1/25Is there an Automatic External Defibrillator (AED) on site ☒ yes ☐ no? Is it regularly maintained? ☒ yes ☐ no? If yes, where is it located? At the stadiumDoes venue have an emergency response team (ERT) ☒ yes ☐ no?Process to request AED and/or ERT if needed at the scene: Contact TrainersWill a portable AED be taken from school on this trip ☒ yes ☐ no? If yes, who will be responsible for oversight and location of AED? Jon DavisIs 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: 7/23/25

- ☒ 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.

Executive Charter, Inc.
1810 Monmouth St. Newport KY 41071
859-261-8841
reservations@executivechartertransportation.org

Account Name: CONNER HIGH SCHOOL / FOOTBALL Acct ID: 3939870

Address: 3310 COUGAR PATH, HEBRON, KENTUCKY 41048

Client Contact: DAVE TROSPER Phone#: 8593939870

8/22/2025 2:45:00PM	CONNER HIGH SCHOOL / FOOTBALL	Confirmation# 3130423
MOTOR COACH 55	FROM: CONNER HIGH SCHOOL: 3310 COUGAR PATH, HEBRON KY 410	FARE: \$1,545.00
GAME TIME: 7:30PM	TO: MADISON CENTRAL: 705 N. 2ND ST. RICHMOND, KY	TIPS: \$50.00
TRIP REMARKS:	40475	
WAIT & RETURN AFTER THE GAME		
Order has more than 1 vehicle (2)		
		Total Fare \$1,595.00

8/22/2025 2:45:00PM	CONNER HIGH SCHOOL / FOOTBALL	Confirmation# 3130441
MOTOR COACH 55	FROM: CONNER HIGH SCHOOL: 3310 COUGAR PATH, HEBRON KY 410	FARE: \$1,545.00
GAME TIME: 7:30PM	TO: MADISON CENTRAL: 705 N. 2ND ST. RICHMOND, KY	TIPS: \$50.00
TRIP REMARKS:	40475	
WAIT & RETURN AFTER THE GAME		
Order has more than 1 vehicle (2)		
		Total Fare \$1,595.00

Invoice Total: \$3,190.00

DEPOSIT: A \$100 deposit per motorcoach is required to reserve service. To avoid cancellation, the balance of the payment is due thirty (30) days prior to the event. If balance is not paid in full 30 days prior, trips can be cancelled without notice to fulfill company needs.

CANCELLATION: We have a 2 week cancellation policy. Cancellation less than two (2) weeks prior to service will result in forfeiture of all monies paid.

PAYMENTS: We accept credit card, check or EFT. Please make checks payable to: Executive Charter, Inc.

CREDIT CARD PROCESSING FEE: A processing fee of 3% will be added to all credit card payments.

PAST DUE AMOUNTS: A Finance Charge of 2% Per Month, 24% Annual Percentage Rate will be charge on all past due accounts.

PRICE VARIATIONS: The price quoted above is from terminal to terminal and is based upon the information originally given. Any changes may affect the original price quote.

AMENITIES such as wi-fi, PA system, electrical outlets, DVD players and TV monitors are provided at no charge. Therefore no refund will be issued for the failure of such amenities.

DAMAGE AND CLEAN UP FEES: If excessive clean up is required there will be an additional charge of \$250. You will be liable for any damage caused by the passengers of the bus.

ITINERARY: A specific itinerary is required 2 weeks before the trip, listing all locations and expected times for the driver(s).

NOTES: Please check the information above regarding your trip. Please contact us with any changes, corrections, or additions to your itinerary. Our staff is anxious to help you.

Please sign and return with your deposit to ensure your coach reservation.

Signature _____ Date _____



Quotation

DATE July 23, 2025
Quotation # THY-001

-- -- 1810 Monmouth St. -- --
Newport, KY 41071
(859)261-8841

Quotation valid until:
Prepared by: Connor Bartels

Bill To: Conner High School

heckenmueller.sh@pg.com

Date	Description	AMOUNT
8/22/2025	(1) 55 passenger motor service - Conner High School - return to Conner High School	\$1,595
8/22/2025	(1) 55 passenger motor service - Conner High School - return to Conner High School	\$1,595
TOTAL		\$ 3,190.00

This quote is based on availability at the time of the quote. Availability may have changed by time of booking.

THANK YOU FOR YOUR BUSINESS!

DEPOSIT: A \$100 deposit per motorcoach is required to reserve service.

PAYMENT OF BALANCE: To avoid cancellation, the balance of the payment is due thirty (30) days prior to the event. If the balance is not paid in full 30 days prior, trips can be cancelled without notice to fulfill company needs.

CANCELLATION: We have a 2 week cancellation policy. Cancellation less than two (2) weeks prior to service will result in forfeiture of all monies paid. For Keeneland/Derby trips we have a 30 day cancellation policy.

ADDITIONAL CHARGES: You will be responsible for any tolls, city fees and applicable parking for the bus.

AMENITIES such as wi-fi, PA system, electrical outlets, DVD players and TV monitors are provided at no charge. Therefore no refund will be issued for the failure of such amenities.

DRIVER ACCOMODATIONS: You are responsible for a hotel room for the driver. This includes booking and payment of the room.

PAYMENTS: We accept credit card or check. Please make checks payable to: Executive Charter, Inc.

A Finance Charge of 2% Per Month, 24% Annual Percentage Rate will be charge on all past due accounts.

PRICE VARIATIONS: The price quoted above is from terminal to terminal and is based upon the information originally given. Any changes may affect the original price quote. A revised quote will be given at the time of change.

DAMAGE AND CLEAN UP FEES: If extraordinary clean up is required there will be an additional charge of \$250. You will be liable for any damage caused by the passengers of the bus.

LIMITATIONS ON DRIVE TIMES: Please NOTE the following:

The bus will not be driven between 1:00 am and 5:00am. Please adjust your itinerary to accommodate this.

The D.O.T. only allows a driver to be on duty for 15 consecutive hours and to drive for 10 hours of the 15 hours before an 8 hour break is required.

It is important to communicate with us prior to your trip regarding any itinerary that may exceed these requirements so accommodations for a second driver can be made. A second driver will increase the cost of your charter.

ITINERARY: A specific itinerary is required 2 weeks before the service, listing all locations and expected times for the driver(s).

NOTES: Please check the information above regarding your trip. Please contact us with any changes, corrections, or additions to your itinerary. Our staff is anxious to help you.