

Field Trip Planning Form

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

School: Cooper H.S. Grade(s): 10-12 Class/Activity Group/Team: Football - JV/Varsity
 Teacher/Sponsor/Coach: Randy Borchers Cell Phone Number: 859-394-4020

Person trained with current medication administration training CPR/FA/ABD credential Entire paid
Coaching staff

Destination Venue, Location and State: Great Crossing H.S. Georgetown, KY

Trip Location Contact Person: Austin Haywood Phone Number: 502-867-6662

Teachers: 11 # Students: 70 # Chaperones: 11 Adult/Student Ratio: 7:1

Date(s) & Times Departure Date: <u>8/15/2025</u> Time: <u>4:00</u> AM/PM <u>(M)</u> Return Date: <u>8/15/2025</u> Time: <u>11:30</u> AM/PM <u>(M)</u>		Cost Total Cost: \$ <u>2,850.00</u> Funding Source: <u>Football</u> Fee to be assessed to students: \$ <u>0</u> <small>Attach Student Activity Cost Form 09.15 AP.23</small>		Transportation <input type="checkbox"/> District Bus/Van <input checked="" type="checkbox"/> Charter Bus: <u>Executive Transportation</u> Approved Bid - Company Name <input type="checkbox"/> Other: _____ <small>Attach a copy of Charter Bus Contract.</small>	
Meals	At school prior to departure <input checked="" type="checkbox"/>		Student Packed <input type="checkbox"/>		Location where packed lunches will be
	School Cafeteria Packed <input type="checkbox"/>		consumed: _____		
	Student Purchase Restaurant <input type="checkbox"/>	Name & Location: <u>N/A</u>			
	(Name and location of each stop)	Name & Location: <u>N/A</u>			
Over Night	Date: <u>N/A</u>	Lodging: <u>N/A</u>			
	Date: <u>N/A</u>	Lodging: <u>N/A</u>			

Trip Purpose and Core Content/learning targets: JV/Varsity Football Scrimmage

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:
Coaching Staff

School 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
☒ 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 the event in an official capacity.
☒ Funds have been secured for indigent students
☒ If needed, background checks for chaperone approval have been initiated

N/A

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: Barry Bonham Date: 7/15/25

School-Related Student Trip Request Form

EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)

FOR

ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue Great Crossing High SchoolVenue Address 120 Betsy Way Georgetown, KY 40324Person or email contacted at venue to discuss EAP Austin HaywardPosition/Title of person contacted Athletic DirectorDate (s) of contact 7/12/25Is there an Automatic External Defibrillator (AED) on site ☒ yes ☐ no? Is it regularly maintained? ☒ yes ☐ no? If yes, where is it located? On Sideline w/ trainer. Our trainer will also have an AEDDoes venue have an emergency response team (ERT) yes ☒ no?Process to request AED and/or ERT if needed at the scene Athletic Director will be on siteWill a portable AED be taken from school on this trip ☒ yes ☐ no? If yes, who will be responsible for oversight and location of AED? Don Eidener - Athletic TrainerIs any other assigned emergency equipment available on field trip? ☒ yes ☐ noIf so, list location of equipment Trainers medical kit

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 Donna Eidener Date: 07.21.25
 ○ ☐ 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: _____

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

Account Name: COOPER HIGH SCHOOL / BORCHERS, RANDY Acct ID: 3844534

Address: 2855 LONGBRANCH RD UNION, KY 41091

Client Contact: RANDY BORCHERS Phone#: 8593844534

8/15/2025 4:00:00PM	COOPER HIGH SCHOOL / FOOTBALL	Confirmation# 3111
MOTOR COACH 55	FROM: COOPER HIGH SCHOOL: 2855 LONGBRANCH RD, UNION, KY 4	FARE: \$1,37:
FOOTBALL	TO: GREAT CROSSING H.S.: 120 BETSY WAY,	TIPS: \$5:
TRIP REMARKS:	GEORGETOWN, KY 40324	
WAIT AND RETURN AFTER THE GAME		
BUS 1		Total Fare \$1,42:

8/15/2025 4:00:00PM	COOPER HIGH SCHOOL / FOOTBALL	Confirmation# 3111
MOTOR COACH 55	FROM: COOPER HIGH SCHOOL: 2855 LONGBRANCH RD, UNION, KY 4	FARE: \$1,37:
FOOTBALL	TO: GREAT CROSSING H.S.: 120 BETSY WAY,	TIPS: \$5:
TRIP REMARKS:	GEORGETOWN, KY 40324	
WAIT AND RETURN AFTER THE GAME		
BUS 2		Total Fare \$1,42:

Invoice Total: \$2,850

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 _____