

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): 9-12 Class/Activity Group/Team: Varsity - Girls' Soccer  
 Teacher/Sponsor: (Coach) Scott Hughes Cell Phone Number: 859-912-0310  
 Person trained with current medication administration training CPR/FA/AED credential: Scott Hughes

Destination Venue, Location and State: Rocky Top Sports Complex, Gatlinburg, TNTrip Location Contact Person: Van Harper Phone Number: (865) 705-3105# Teachers: 3 # Students: 24 # Chaperones: 0 Adult/Student Ratio: \_\_\_\_\_

<b>Date(s) &amp; Times</b> Departure Date: <u>Sept 5, 2025</u> Time: <u>2:00</u> AM/PM <u>PM</u> Return Date: <u>Sept 7, 2025</u> Time: <u>3:00</u> AM/PM <u>PM</u>		<b>Cost</b> Total Cost: <u>\$450 Journey fee</u> Funding Source: <u>Girls' Soccer Account</u> Fee to be assessed to students: <u>\$ 0</u> <small>Anach Student Activity Cost Form 09.15 AP.23</small>		<b>Transportation</b> <input type="checkbox"/> District Bus/Van <input type="checkbox"/> Charter Bus: Approved Bid - Company Name: <input checked="" type="checkbox"/> Other: <u>Private/Self</u> <small>Attach a copy of Charter Bus Contract.</small>	
Meals	At school prior to departure <input type="checkbox"/>		Student Packed <input type="checkbox"/> Location where packed lunches will be consumed: _____		
	Student Purchase Restaurant <input type="checkbox"/> (Name and location of each stop)		Name & Location: <u>Coaches Provide dinner on 9/5, and breakfast, lunch</u> Name & Location: <u>Margaritaville Restaurant in Pigeon Forge, TN</u>		
Over Night	Date: <u>9/5-9/7/25</u>		Lodging: <u>Team Cabin in Gatlinburg</u>		
	Date: _____		Lodging: _____		

Trip Purpose and Core Content/learning targets: Varsity Mid-season tournament; potential college recruitingSpecial Student Circumstances: Review rosters for students who require handicapped accessibility, students not participating other: NONE

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: Mariann McDermott and Scott HughesSchool Nurse Initials: 9/18/25 NW for verification that medications administrator listed above received training.Due Date: 9/18/25 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)

☒ NA I have viewed the field trip video for teachers/sponsors/coaches found on the district website☒ NA PSH I have attached an anticipated Trip Itinerary -- waiting on final schedule☒ PSH I have evaluated the trip site for potential hazards/special requirements☒ PSH 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. (Event held at Smoky Mtn Cup/Rocky Top Complex, with trainers + emergency plans and equipment on site)☒ PSH Funds have been secured for indigent students☒ PSH If needed, background checks for chaperone approval have been initiated☒ PSH 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: Scott Hughes Date: 7/17/25

School-Related Student Trip Request Form

## EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)

FOR

## ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue Rodex Top Sports World Complex  
 Venue Address 1870 Sports World Blvd., Gatlinburg, TN 37738  
 Person or email contacted at venue to discuss EAP Van Harper  
 Position/Title of person contacted Director of the High School Cup  
 Date (s) of contact June 3, 2025

Is there an Automatic External Defibrillator (AED) on site ☒ yes ☐ no? Is it regularly maintained? ☒ yes ☐ no? If yes, where is it located? Main building at field site

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

Process to request AED and/or ERT if needed at the scene Officials at field will  
radio trainers and staff

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: Donna Wilson 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: \_\_\_\_\_

○ All field trip forms requiring Board approval must be completed and submitted by Deadline for next Board meeting.