

Field Trip Planning Form

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

School: Ryle H.S. Grade(s): HS. Class/Activity Group/Team: FOOTBALL
 Teacher/Sponsor/Coach: MICHAEL ENGELER Cell Phone Number: (859) 333-8019
 Person trained with current medication administration training CPR/FA/AED credential: ALL COACHES
ATHLETIC TRAINER

Destination Venue, Location and State: GREAT CROSSING H.S.Trip Location Contact Person: RICKY BOWLING Phone Number: 606-682-2325

Teachers: 12 # Students: 100+ # Chaperones: _____ Adult/Student Ratio: _____

Date(s) & Times		Cost		Transportation	
Departure Date: <u>10/17/2025</u>		Total Cost: \$ <u>2790.00</u>		<input type="checkbox"/> District Bus/Van	
Time: <u>4:00</u> AM/PM <u>AM</u>		Funding Source: <u>FOOTBALL</u>		<input checked="" type="checkbox"/> Charter Bus: <u>EXECUTIVE</u>	
Return Date: <u>10/17/2025</u>		Fee to be assessed to students:		Approved Bid - Company Name	
Time: <u>11:00</u> AM/PM <u>PM</u>		\$ <u>0</u>		Name	
		Attach Student Activity Cost Form 09.15 AP.23		<input type="checkbox"/> Other: _____	
				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 consumed: _____		
	<u>NA</u>	School Cafeteria Packed <input type="checkbox"/>			
	Student Purchase Restaurant <input type="checkbox"/> (Name and location of each stop)	Name & Location: _____			
Over Night	Date: <u>NA</u>	Lodging: _____			
	Date: _____	Lodging: _____			

Trip Purpose and Core Content/learning targets: FOOTBALL GAME

Special Student Circumstances: Review rosters for students who require handicapped accessibility, students not participating, other: _____

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: MICHAEL ENGELER (COACHES)School Nurse Initials: ME 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
- N/A I have attached an anticipated Trip Itinerary
- N/A I have evaluated the trip site for potential hazards/special requirements
- N/A 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.
- N/A Funds have been secured for indigent students
- N/A 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: ME Date: 7/8/2025

School-Related Student Trip Request Form

EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)

FOR

ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue GREAT CROSSING HS.Venue Address 120 BETSY WAY, GEORGETOWN, KY 40324Person or email contacted at venue to discuss EAP MICHAEL ENGLERPosition/Title of person contacted HEAD FOOTBALL COACHDate (s) of contact 10/17/2025Is there an Automatic External Defibrillator (AED) on site? ☒ yes ☐ no? Is it regularly maintained? ☒ yes ☐ no? If yes, where is it located? _____Does venue have an emergency response team (ERT)? ☒ yes ☐ no?

Process to request AED and/or ERT if needed at the scene _____

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? ATHLETIC TRAINERIs 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: 7/10/25○ ☐ Required for all tripsSuperintendent/Designee: [Signature] 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: OUT OF DISTRICT
- All field trip forms requiring Board approval must be completed and submitted by Deadline for next Board meeting.



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

Quotation

DATE June 18, 2025
Quotation # MSY-001

Quotation valid until: August 4, 2026
Prepared by: Connor Bartels

Bill To: Ryle High School

michael.engler@boone.kyschools.us

Date	Description	AMOUNT
5/1/2025	(1) 55 passenger bus service - Ryle High School - Great Crossing High School - return to Ryle High School	\$1,395
	(1) 55 passenger bus service - Ryle High School - Great Crossing High School - return to Ryle High School	\$1,395
TOTAL		\$ 2,790.00

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 ACCOMMODATIONS: 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.