

Field Trip Planning Form

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

School: Jones Middle School Grade(s): 6-8 Class/Activity Group/Team: Garden Salsa Competition
 Teacher/Sponsor/Coach: Jalen Clark Cell Phone Number: 502-330-5083
 Person trained with current medication administration training CPR/FA/AED credential Yes

Destination Venue, Location and State: Kentucky State Fairgrounds- 931 Phillips Ln, Louisville, KY 40201
 Trip Location Contact Person: Shelby Butler Phone Number: 502-338-9813

Teachers: 1 # Students: 10 # Chaperones: 1 Adult/Student Ratio: 2:10

Date(s) & Times		Cost		Transportation	
Departure Date: <u>8/18/25</u>		Total Cost: \$ _____		<input checked="" type="checkbox"/> District Bus/Van	
Time: <u>9:00</u> AM/PM		Funding Source: <u>Jones</u>		<input type="checkbox"/> Charter Bus:	
Return Date: <u>8/18/25</u>		Fee to be assessed to students:		Approved Bid – Company	
Time: <u>2:15</u> AM/PM		\$ _____		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 checked="" type="checkbox"/>	Location where packed lunches will be consumed: <u>Fairgrounds</u>		
		School Cafeteria Packed <input checked="" type="checkbox"/>			
	Student Purchase Restaurant <input type="checkbox"/> (Name and location of each stop)	Name & Location: _____			
	Name & Location: _____				
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: Garden club offered competition slot for salsa

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: Jalen Clark

School Nurse Initials: JMC for verification that medications administrator listed above received training.

Due Date: 08/15/25 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)

- N/A I have viewed the field trip video for teachers/sponsors/coaches found on the district website
- JC I have attached an anticipated Trip Itinerary
- JC I have evaluated the trip site for potential hazards/special requirements
- JC 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.
- JC Funds have been secured for indigent students
- JC If needed, background checks for chaperone approval have been initiated
- JC 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: Jalen Clark Date: 8/4/25

School-Related Student Trip Request Form**EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)****FOR****ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS**Destination/Venue Kentucky State FairgroundsVenue Address 937 Phillips Ln Louisville, KY 40209Person or email contacted at venue to discuss EAP Bethany MattinglyPosition/Title of person contacted Division DirectorDate (s) of contact 8/7/25Is there an Automatic External Defibrillator (AED) on site ☒ yes ☐ no? Is it regularly maintained? ☒ yes ☐ no? If yes, where is it located? On site EMTsDoes venue have an emergency response team (ERT) yes ☒ no?Process to request AED and/or ERT if needed at the scene Staff at grounds of activity will contact EMTs on site if needed.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**

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- CHECK ALL BOXES BELOW THAT APPLY TO THIS TRIP REQUEST AND SECURE ALL REQUIRED SIGNATURES**

○ Principal: [Signature] Date: 8/7/25○ ☒ 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 Transportation
1810 Monmouth St. Newport KY 41071
859-261-8841
reservations@executivetransportation.org

Account Name: **RA JONES MIDDLE SCHOOL / PARK, STACY** Acct ID: **859282236**

Address: **8000 SPRUCE DR FLORENCE, 41042**

Client Contact: **STACY PARK** Phone#: **8592822369**

8/18/2025 9:00:00AM	CLARK, JALEN + 11 (TIME TRIP)	Confirmation# 3134754
14P VAN	FROM: RA JONES MIDDLE SCHOOL 8000 SPRUCE DR FLORENCE 4104	
	TO: KY STATE FAIRGROUNDS 937 PHILLIPS LN LOUISVILLE 40209	FARE:
TRIP REMARKS:		TIPS:
\$332.40 FOR THREE CONTINUOUS HOURS OF SERVICE, \$108.80 EACH ADDT'L		
HOUR, APPROX 8 HOUR \$876.40		
TIME IS CALCULATED FROM THE TIME OUR VEHICLE LEAVES OUR GARAGE IN		Total Fare
NEWPORT KY UNTIL IT RETURNS TO OUR GARAGE		
JALEN.CLARK@BOONE.KYSCHOOLS.US		

Invoice Total:

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 Transportation

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 _____