

**Field Trip Planning Form**

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

School: Larry A. Ryle High School Grade(s): 7-12 Class/Activity Group/Team: Marching Band  
 Teacher/Sponsor/Coach: Joe Craig, David Jump, and Jesse Gibbs Cell Phone Number: 859-803-6221  
 Person trained with current medication administration training CPR/FA/AED credential Joe Craig, David Jump, and Jesse Gibbs

Destination Venue, Location and State: Band of America Chattanooga Regional (TN)

Trip Location Contact Person: Cam Stasa Phone Number: 800.848.2263

# Teachers: 3 # Students: 160 # Chaperones: 15 Adult/Student Ratio: 9:1

<b>Date(s) &amp; Times</b> Departure Date: <u>10/3/25</u> Time: <u>8:30</u> <u>AM</u> / <u>PM</u> Return Date: <u>10/5/25</u> Time: <u>5:00</u> <u>AM</u> / <u>PM</u>		<b>Cost</b> Total Cost: \$ <u>40,000</u> Funding Source: <u>Band Boosters</u> <b>Fee to be assessed to students:</b> \$ <u>0</u> <i>Attach Student Activity Cost Form 09.15 AP.23</i>		<b>Transportation</b> <input type="checkbox"/> District Bus/Van <input checked="" type="checkbox"/> Charter Bus: <u>Croswell</u> Approved Bid – Company Name <input type="checkbox"/> Other: _____ <i>Attach a copy of Charter Bus Contract.</i>	
<b>Meals</b>	At school prior to departure <input checked="" 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>Meals provided by band boosters</u>		
<b>Over Night</b>	Date: <u>10/3/25</u>		Lodging: <u>La Quinta Inn &amp; Suites by Wyndham Chattanooga Downtown/South</u>		
	Date: <u>10/4/25</u>		Lodging: <u>1225 Cowart Street, Chattanooga, TN, 37402</u>		

Trip Purpose and Core Content/learning targets: To attend the 2025 Bands of American Tennessee Regional

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: Joe Craig, David Jump, and Jesse Gibbs

School Nurse Initials: SW 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
- Je I have attached an anticipated Trip Itinerary
- Je I have evaluated the trip site for potential hazards/special requirements
- Je 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.
- Je Funds have been secured for indigent students
- Je If needed, background checks for chaperone approval have been initiated
- Je 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: 7/23/25



**School-Related Student Trip Request Form****EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)  
FOR****ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS**Destination/Venue Finley Stadium- Chattanooga, TNVenue Address 1826 Reggie White BlvdPerson or email contacted at venue to discuss EAP Cam StasaPosition/Title of person contacted BOA Director of Participant RelationsDate (s) of contact 7/23/25Is there an Automatic External Defibrillator (AED) on site? ☒ yes ☐ no? Is it regularly maintained? ☒ yes ☐ no? If yes, where is it located? At Stadium Level, as well as multiple in the concourseDoes venue have an emergency response team (ERT)? ☒ yes ☐ no?Process to request AED and/or ERT if needed at the scene tend located @field level EMT's on site.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? Don CraigIs 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: \_\_\_\_\_○ ☐ 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 including cost○ ☒ Common Carrier Transportation Reason for using a Charter Bus/Plane: Trip to (TN)

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

# Movement Details

CROSWELL

Client ID Client Company Client Ref 1 Client Ref 2	RyleHS-MO Micah Oertel	Charter ID Movement ID Status Passengers Distance	4466 20510 Provisional 200 783.5
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First Pick-up Pick-up Date Single Journey Vehicle To Stay	Ryle High School Fri 10/3/2025      Time 08:00 No Yes	Destination Arrival Date Leave Date Back Date	Chattanooga, TN Fri 10/3/2025      Time 15:00 Sun 10/5/2025      Time 18:00 Sun 10/5/2025      Time 23:00
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First Pick-up Instructions	Destination Instructions
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10379 US 42 Union KY 41091

Seats	Vehicle Description	Vehicle No	Price	Tax %	Tax	Total
56	Motorcoach	1	\$6,200.00	0	\$0.00	\$6,200.00
56	Motorcoach	2	\$6,200.00	0	\$0.00	\$6,200.00
56	Motorcoach	3	\$6,200.00	0	\$0.00	\$6,200.00
56	Motorcoach	4	\$6,200.00	0	\$0.00	\$6,200.00
Movement Totals			\$24,800.00		\$0.00	\$24,800.00

Driver Description	Vehicle No	Driver Description	Vehicle No
Driver	1	Driver	2
Driver	3	Driver	4

Route	Further Requirements
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Group is responsible for driver's hotel room and for any parking fees.

Will need to transport band to and from hotel to competition.

Pricing is based on one driver within DOT regulated hours. If the itinerary requires more use, we will reevaluate if additional drivers are needed, which would change the cost.

References
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Refundable Deposit Amount: \$2640  
Final Payment Due Date: 9/12/2025

Deposit Due Date: 3/27/2025