

Field Trip Planning Form

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

School: Yealey Grade(s): 5 Class/Activity Group/Team: Clark, Huff, McClendon, Vandergriff
 Teacher/Sponsor/Coach: Andrea Clark Cell Phone Number: (859) 308-8982
 Person trained with current medication administration training CPR/FA/AED credential _____

Destination Venue, Location and State: Conner Prairie 13400 Allisonville Rd. Fishers, IN
 Trip Location Contact Person: Amber Lance Phone Number: (317) 776-6000 Ext. 27316038
 # Teachers: 5 # Students: 90 # Chaperones: 20 Adult/Student Ratio: 1:4

Date(s) & Times		Cost	Transportation
Departure Date:	<u>10/29/25</u>	Total Cost: \$ <u>4198</u>	<input checked="" type="checkbox"/> District Bus/Van - van
Time:	<u>9:00</u> AM/PM <u>AM</u>	Funding Source: <u>FRC / Families / LSS</u>	<input checked="" type="checkbox"/> Charter Bus: <u>Executive</u>
Return Date:	<u>10/29/25</u>	Fee to be assessed to students:	Approved Bid - Company Name
Time:	<u>6:30</u> AM/PM <u>PM</u>	\$ <u>50.00</u>	<input type="checkbox"/> Other: _____
		Attach Student Activity Cost Form 09.15 AP.23	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>Conner Prairie</u>
	Student Purchase Restaurant <input type="checkbox"/> (Name and location of each stop)	School Cafeteria Packed <input checked="" type="checkbox"/>	
Over Night	Date:	Lodging:	
	Date:	Lodging:	

Trip Purpose and Core Content/learning targets: Provide an immersive experience in early American settlements + Native American perspectives
 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: Andrea Clark, S. Norbury, S. Huff
 School Nurse Initials: KS 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
A I have attached an anticipated Trip Itinerary
A I have evaluated the trip site for potential hazards/special requirements
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.
A Funds have been secured for indigent students
A If needed, background checks for chaperone approval have been initiated
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: Andrea J Clark Date: 9/12/25

School-Related Student Trip Request Form**EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)****FOR****ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS**Destination/Venue Conner PrairieVenue Address 13400 Allisonville Rd. Fishers, IN 46038Person or email contacted at venue to discuss EAP Julia Luke luke@connerprairie.orgPosition/Title of person contacted Guest Relations education coordinatorDate (s) of contact 7/17, New contact - 9/3/25Is there an Automatic External Defibrillator (AED) on site ☒ yes ☐ no? Is it regularly maintained? ☒ yes ☐ no? If yes, where is it located? Map attached that shows locations.Does venue have an emergency response team (ERT) yes ☒ no?Process to request AED and/or ERT if needed at the scene Find nearest staff memberWill 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: Rene Turner Date: 9/22/25

○ ☐ 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.*

School-Related Student Trip Request Form**UPON APPROVAL, THIS FORM WILL BE RETURNED FOR FINAL PREPARATIONS**

- ☐ Provide a copy of this approved form to the bookkeeper and request Purchase Orders for all expenses
 - ☐ Make reservation with the venue
 - ☐ Make transportation arrangements
 - ☐ Send out completed principal approved Parent Permission Forms.
 - ☐ Confirm receipt of Parent Permission Forms & authenticate signatures. Send reminders, if needed.
 - ☐ Collect fees using the Multiple Receipt Form and turn funds into the Bookkeeper daily.
 - ☐ Confirm parents requesting to chaperone are on the approved list and begin assignment of chaperones to students. Parents of students who require emergency and/or routine medications should be invited to chaperone if they are on the approved list.
 - ☐ Consult with Cafeteria Manager on lunch arrangements, including number of students that will be out of the building if lunch is not provided through the Cafeteria.
 - ☐ Two weeks prior to the trip date, submit a student roster and all completed parent permission slips to the School Nurse for medications and/or specific adaptations approval. ☐ Confirm that personnel trained in medication administration, as needed and CPR/FA/AED will attend. Name of trained personnel A. Clark S. Nappin 3.14.08
 - ☐ Cost for nursing, if applicable, shall be arranged and paid by the school.
- School Nurse Signature: A. Clark S. Nappin Date: 9/15/05

check out AED prior to leaving - RNS

ON THE DAY OF THE TRIP

- | | |
|---|--|
| <input type="checkbox"/> Provide chaperone orientation (video, etc.) | <input type="checkbox"/> Post attendance prior to leaving |
| <input type="checkbox"/> Provide office with a list of chaperones & cell numbers | <input type="checkbox"/> Take student lunches (if applicable) |
| <input type="checkbox"/> Take student medications in original labeled bottle | <input type="checkbox"/> Take classroom emergency kit |
| <input type="checkbox"/> Take parent permission slips with you on the trip | <input type="checkbox"/> Take required payments |
| <input type="checkbox"/> Give office copies of all parent permission slips
(Retain for one (1) year) | <input type="checkbox"/> Provide copy of event specific EAP to all personnel
attending in an official capacity, including cell
numbers for all |

School-Related Student Trip Parent Permission Form

Student: _____ Trip Destination/Location: 10/29/25 Conner Prairie
 School: Yealey Elementary Class/Activity/Team: Clark, Huff, McClendon, Vandergriff

Times		Cost		Transportation	
Departure Date: <u>10/23/25</u>		Student Fee: \$ <u>50.00</u>		District Bus/Van <input type="checkbox"/>	
Time: <u>9:00</u> AM/PM <u>AM</u>		Adult Fee: \$ <u>10.00</u>		Charter Bus <input checked="" type="checkbox"/>	
Return Date: <u>10/29/25</u>		Due Date: _____		Other <input type="checkbox"/> _____	
Time: <u>5:00</u> AM/PM <u>PM</u>					
Meals	At school prior to departure <input type="checkbox"/>		Student Packed <input checked="" type="checkbox"/>		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: _____		Lodging: _____		
	Date: _____		Lodging: _____		

Andrea J. Clark
Teacher/Sponsor/Coach Signature

Renee Turner
Principal Signature

My Child, _____ has permission to participate in this school trip.

All District and school policies shall be followed on this trip including chaperone assignments for both day and overnight trips, adult/student ratios, transportation guidelines, and behavior expectations/dress codes as outlined in the District's Code of Conduct and Expected Behavior. An event-specific emergency action plan has been developed to use in the event of a medical emergency, which may include the provision of a portable AED.

If the Board determines that world, national, or local events pose a potential threat to student safety, student trips shall be cancelled. In such a cancellation, the Board shall not authorize the use of District or building funds to reimburse any expenses not covered by cancellation insurance. All losses will be assumed by the parent/guardian. Please initial to indicate that you have read and understand the conditions of this clause. _____ (Parent/guardian Initials)

☐ If checked, it is recommended that the parent/guardian secure cancellation insurance. Information attached.

Should there develop a medical emergency that requires attention beyond first aid, every attempt will be made to contact the parent or guardian via the numbers listed below. However, in circumstances where timing is critical and/or communication problems develop, a student's life could be threatened by lack of medical attention. To avoid circumstances of this nature, please complete the following statement:

In cases of a medical emergency, as deemed by a physician and according to the procedures described above, I, as the parent/legal guardian, do hereby give my consent for the administration of medical treatment, including dental, medicines, inoculation, and/or surgical procedures deemed necessary to my child's health and safety.

Home Phone: _____ Address: _____

Mom (work): _____ (cell): _____ Dad (work): _____ (cell): _____

Family Doctor: _____ Phone: _____ Hospitalization Card #: _____

Name of Medical Insurance Carrier: _____

Allergies and/or reactions to drugs: _____

Medications currently taking: _____

Medications needed on this trip: _____

Who will be administering these medications? _____

Parent/Guardian Signature: _____

ALL MEDICATIONS NEEDED
ON THIS TRIP REQUIRE A
BOONE COUNTY
ADMINISTRATION OF
MEDICATION FORM TO BE
ON FILE AT THE SCHOOL.

Failure to provide complete, signed form will exclude the student from participating.

Phone permission will not be accepted. Please review the student and chaperone tips on the back of this form with your student.

(OFFICE USE – NURSE INITIALS – For Review of Completed Parent Signed Permission Slip _____)

CONNER PRAIRIE

STEP INTO THE STORY

Transaction Date: 09/03/2025

Order #: 14160488

Yealey Elementary
Andie Clark
10 Yealey Dr
Florence, KY 41042

Phone: (859) 282-3333

Email: andrea.clark@boone.kyschools.us

Thank you for your reservation. You are confirmed for the following program(s):

Date: 10/28/2025

Reservation Name: Yealey Elementary - Clark

Notes: During your reserved Animal Encounters time, please split large groups into smaller 15-minute intervals for a safer and more enjoyable experience!

Start Time: 11:00AM

End Time: 4:00PM

Group Type: SchoolTour-5th Grade

Payment Due: 10/28/2025

100	School Tour - Guest Student	X	\$9.00	=	\$900.00
12	School Tour - Guest Chaperone	X	\$9.00	=	\$108.00
5	School Tour - Guest Teacher	X	\$0.00	=	\$0.00
117					\$1,008.00

Andie Clark

11:00 AM

School Tour

12:30-1:00 PM

School Tour Lunch

1:30-2:00 PM

School Tour Animal Encounters

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

Account Name: YEALEY ELEMENTARY SCHOOL Acct ID: 3225073

Address: 10 YEALEY DR. FLORENCE, KY 41042

Client Contact: ANDREA CLARK Phone#: _

10/29/2025 8:30:00AM	YEALEY ELEMENTARY SCHOOL	Confirmation# 3131168
MOTOR COACH 55	FROM: YEALEY ELEMENTARY: 10 YEALEY DR. FLORENCE KY 41042	FARE: \$1,545.00
	TO: CONNER PRAIRIE: 13400 ALLISONVILLE RD. FISCHERS, IN 46038	TIPS: \$50.00
TRIP REMARKS: WAIT & RETURN; DEPART FOR RETURN AT 4PM Order has more than 1 vehicle (2)		Total Fare \$1,595.00

10/29/2025 8:30:00AM	YEALEY ELEMENTARY SCHOOL	Confirmation# 3131291
MOTOR COACH 55	FROM: YEALEY ELEMENTARY: 10 YEALEY DR. FLORENCE KY 41042	FARE: \$1,545.00
	TO: CONNER PRAIRIE: 13400 ALLISONVILLE RD. FISCHERS, IN 46038	TIPS: \$50.00
TRIP REMARKS: WAIT & RETURN; DEPART FOR RETURN AT 4PM Order has more than 1 vehicle (2)		Total Fare \$1,595.00

Invoice Total: \$3,190.00

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 9/25/25