FIELD TRIP BUS REQUEST FORM

09.36 AP.212

OVERNIGHT V EXTENDED DAY (Same day but extends beyon	DAY TRIP ONLY
School: North Oldham HS	
Employee(s) In Charge: Eric Teysen, Head Coach	Group: Boys Golf
Destination: Pendleton Hills C.C., Butler, KY, KHSAA Semi Sta	ate Golf Championship
Date(s) of Trip: 9/30 - 10/1/25 Time of Departure: TE	Time of Return: TBD
Approximate Mileage (one way):*	
Approximate Number of Students:1	
Number of Chaperones/Adults:1	Carlo
TOTAL TRANSPORTED:*	The state of the s
Number of Buses:	Con Son
*{44 Person Maximum for MS/HS} {60 Person Maximum for ELEM} *These numbers include both students and all adults (bus driver, teachers, c	1/1/2
Method of Transportation (if not by school bus): Parent Transport	Ca. S
*Common Carriers must be Board approved and should have the 8005.02F *All tolls are the responsibility of the school or group requesting the trip.	accompanying this form*
Trip Required or Optional: Required	•
If optional, indicate student charges: Transportation (mileage, driver) Admissions Other \$	
Total Charges \$	
Number of Instructional Days Lost: 2	
Justification: Why is the trip necessary? What is to be learned? How Tyler Duncan qualified for the KHSAA Boys Semi-State Golf	
Requested by: Matt Walker, NOHS A.D.	Date: 09/24/2025
ADDOMAT /DICADDO	S
APPROVAL/DISAPPRO	· · · · · · · · · · · · · · · · · · ·
Approved/Disapproved:	, Principal Date: 9/29/28
Approved/Disapproved:	Level Director Date: 9/25/25
Approved/Disapproved: *Field trips in excess of a 60-mile radius of the Board office require the approval of the *ALL Overnight Field Trips and trips using Common Carriers must be approved by the state of the stat	
Upon approval, the school will receive an approved form from the Superintendent. *	n der ein zumaan riikeliteiteiteiteite. Pro 👫 must riitalateiti 🥷 📆

FIELD TRIP BUS REQUEST FORM

09.36 AP.212

OVERNIGHT EXTENDED DAY (Same day but extends beyond the school day)	RIP ONLY
School: North Oldham High School	
Employee(s) In Charge: Shawn Trent, Head Coach Group: Girl's Golf	
Destination: Pendleton Hills C.C., Butler, KY, KHSAA Semi-state Golf Tournament	
Date(s) of Trip: 9/28 - 9/29/25 Time of Departure: TBD Time of Return: T	BD
Approximate Mileage (one way):*	
Approximate Number of Students:2	
Number of Chaperones/Adults:2	
TOTAL TRANSPORTED:*	
Number of Buses:0	
*{44 Person Maximum for MS/HS} {60 Person Maximum for ELEM} *These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)	*
Method of Transportation (if not by school bus): Parent Transport	
Common Carriers must be Board approved and should have the 8005.02F accompanying this form *All tolls are the responsibility of the school or group requesting the trip.	
Trip Required or Optional: Required - Post-season play	
If optional, indicate student charges: Transportation (mileage, driver) \$ Admissions \$ Other \$	
Total Charges \$\frac{0}{2}	
Number of Instructional Days Lost: 1	
Justification: Why is the trip necessary? What is to be learned? How will the experience be used and 2 of our girl's golfers have qualified for the KHSAA Semi-State Round	evaluated?
Requested by: Matt Walker, NOHS A.D. Date: 09/23/2025	
Date.	
APPROVAL/DISAPPROVAL	
Approved/Disapproved: D/ J , Principal Date: 9/	133/25
Approved/Disapproved:, Level Director Date:,	24/25
Approved/Disapproved:, Superintendent Date:	·
*Field trips in excess of a 60-mile radius of the Board office require the approval of the Superintendent. *ALL Overnight Field Trips and trips using Common Carriers must be approved by the school board and Superintendent. Upon approval, the school will receive an approved form from the Superintendent. *	

RELATED PROCEDURES:

NOHS Field Trip

From Walker, Matthew W <matthew.walker2@oldham.kyschools.us>

Date Tue 9/23/2025 5:19 PM

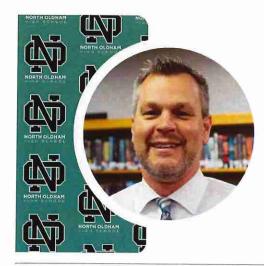
Simon, Kristin < kristin.simon@oldham.kyschools.us>; Jacobson, Matthew D < matthew.jacobson@oldham.kyschools.us>; Jacobson, Matthew D < matthew.jacobson.gov.us>; Jacobson, Matthew.jacobson.gov.us>; Jacobson, Matthew.jacobson.gov.us>; Jacobson.gov.us>; JacobsoTo

1 attachment (504 KB) scan_mwalker2_2025-09-23-15-08-34.pdf;

Need to push this thru quickly, if possible, it's an overnight for two of our girl's who advanced yesterday for the KHSAA semi-state golf championship.

I believe we are already approved for them to go to the state tournament in Bowling Green if they get there. Did not realize there was a semi-state round in between.

Thanks!



latt Walker

Associate Principal/Athletic Director



502-228-0158 ext. 308



matthew.walker2@oldham.kyschools.us



1815 S. Hwy 1793, Goshen, KY 40026



From: Walker, Matthew W <matthew.walker2@oldham.kyschools.us>

Sent: Tuesday, September 23, 2025 3:08 PM

To: Walker, Matthew W <matthew.walker2@oldham.kyschools.us>

Subject: Your scan (Scan to My Email)

OLDHAM COUNTY BOARD OF EDUCATION ADMINISTRATIVE REGULATION

FIELD TRIP BUS REQUEST FORM

Related to: Policy 8005, 4055, 8005AR; 8005.001F

8005.01F

OVERNIGHT 🗸	EXTENDED DAY DAY TRIP ONLY (Same day but extends beyond the school day)
School: SOUTH OLDHAM HIGH SCHO	
Employee(s) In Charge: JESSE ALFORD	Group: WRESTLING
Destination: Horse Park 4089 Iron Works	s Pike, Lexington KY 40511
Date(s) of Trip: 2/26-28/26	_ Time of Departure: 6:00am Time of Return: TBD
Approximate Mileage (one way):75 n	n <mark>iles *</mark>
Approximate Number of Students:	0
Number of Chaperones/Adults:4	9 5
TOTAL TRANSPORTED: 14	*
Number of Buses:	- P
	ilts (bus driver, teachers, coaches, chaperones, etc.)
Method of Transportation (if not by school b	Dus): BUS OR PARENTS WILL TRANSPORT
All tolls are the responsibility of the school or g	should have the 8005.02F accompanying this form roup requesting the trip.
Trip Required or Optional: OPTIONAL	
If optional, indicate student charges: Transportation (mileage, d Admissions Other	s
Total C	narges \$
Number of Instructional Days Lost: 0	-
	at is to be learned? How will the experience be used and evaluated? overnight travel, boys Thursday and Friday overnight required
Requested by: JOE RICHIE	Date:
AI	PROVAL/DISAPPROVAL
Approved/Disapproved: Music	Woolly, Principal Date: 9-1820
Approved/Disapproved: M. Jan	L , Level Director Date: 9/24)
Approved/Disapproved:	, Superintendent Date:
*Field trips in excess of a 60-mile radius of the Board of *ALL Overnight Field Trips and trips using Common Co	ffice require the approval of the Superintendent. urriers must be approved by the school board and Superintendent.
Upon approval the school will receive an approved form	from the Congrintendant *

OLDHAM COUNTY BOARD OF EDUCATION ADMINISTRATIVE REGULATION

FIELD TRIP BUS REQUEST FORM Related to: Policy 8005, 4055, 8005AR; 8005.001F

8005.01F

OVERNIGHT 🔽	EXTENDED DAY (Same day but extends beyond the school d	DAY TRIP ONLY
School: SOUTH OLDHAM HIGH SCHO	OOL	
Employee(s) In Charge: JESSE ALFORD	Group:	WRESTLING
Destination: South Walton High School,	45 Greenway Trail, Santa Rosa	Beach, FL 32459
Date(s) of Trip: 12/4-7/25	Time of Departure: 11:30 am	Time of Return: 12/7
Approximate Mileage (one way):636	miles *	
Approximate Number of Students:	14	Fire
Number of Chaperones/Adults:		Sign of the same o
TOTAL TRANSPORTED: 18	*	SEP
Number of Buses: 0	_	ACH!
*{44 Person Maximum for MS/HS} {60 Person a *These numbers include both students and all ad		erones, etc.)
Method of Transportation (if not by school	bus): Van Rental	ARNE
*Common Carriers must be Board approved and *All tolls are the responsibility of the school or a Trip Required or Optional:	d should have the 8005.02F accompanyi	ng this form*
If optional, indicate student charges: Transportation (mileage, Admissions Other Total C	\$ \$	
Number of Instructional Days Lost: 0		-
Justification: Why is the trip necessary? What 5 States attending, FL Team committed		
matches over 2 days of competition.		
Requested by: JOE RICHIE		_ Date:
A A	PPROVAL/DISAPPROVAL	建工作工具的产生
Approved/Disapproved:	a 1000 Princip	Date: 0-18-25
Approved/Disapproved: M. A.	Level I	Director Date: 9/27/25
Approved/Disapproved:	, Superin	ntendent Date:
*Field trips in excess of a 60-mile radius of the Board *ALL Overnight Field Trips and trips using Common of		

Upon approval, the school will receive an approved form from the Superintendent. *

OLDHAM COUNTY BOARD OF EDUCATION ADMINISTRATIVE REGULATION

FIELD TRIP BUS REQUEST FORM

Related to: Policy 8005, 4055, 8005AR; 8005.001F

8005.01F

OVERNIGHT V	EXTENDED DAY (Same day but extends beyond the school day)	DAY TRIP ONLY
School: Oldham County Middle School	Same day our extends beyond the school day)	
Employee(s) In Charge: Trey Reddington	and Lizzie Gorbandt Group: Y-Club	
Destination: Crowne Plaza Louisville		
Date(s) of Trip: Dec. 3rd-5th, 2025	Time of Departure: ~1-2:00 pm Time of I	Return: ~12:00 pm
Approximate Mileage (one way):	*	
Approximate Number of Students:	20	
Number of Chaperones/Adults:2	i 8	
TOTAL TRANSPORTED: 22	*	
Number of Buses: 0	_	18
*{44 Person Maximum for MS/HS} {60 Person I *These numbers include both students and all ad	Maximum for ELEM; tults (bus driver, teachers, coaches, chaperones, etc.)	SEP 1
Method of Transportation (if not by school	bus):	
*All tolls are the responsibility of the school or g	d should have the 8005.02F accompanying this form group requesting the trip.	& LEARNII
Trip Required or Optional: Optional		G
If optional, indicate student charges: Transportation (mileage, and Admissions Other	\$ <u>5,220</u> \$ <u>0</u>	
Total C	Charges \$ 5,220	
Number of Instructional Days Lost: 2.5	_	
Students will be participating in 3 day n	nat is to be learned? How will the experience be nock debate conference put on by the Kent politician for the state of Kentucky and will	tucky YMCA. The
Requested by: Trey Reddington	Date: 09	/16/2025
A	PPROVAL/DISAPPROVAL	9/-1-/
Approved/Disapproved:		Date:
Approved/Disapproved:	, Level Director I	
Approved/Disapproved:	, Superintendent I	Date:
*Field trips in excess of a 60-mile radius of the Board *ALL Overnight Field Trips and trips using Common	office require the approval of the Superintendent. Carriers must be approved by the school board and Superi	intendent.

Upon approval, the school will receive an approved form from the Superintendent. *

Oldham County Schools

EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)

FOR

SCHOOL SANCTIONED NONATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue Crowne Plaza Hotel XX YMCA
Venue/Address 830 Phillips Lane
Person or email contacted at venue to discuss EAP Lianna Ayala Amanda Vile Chism
Position/Title of person contacted Senior Program Director President
Date (s) of contact 9 5/2025
Is there an Automatic External Defibrillator (AED) on site? yes no
If yes, where is it located? See a Hached Sheet for Gard and EAP
Does the venue have an emergency response team (ERT)? yes no
Process to request AED and/or ERT if needed at the scene Contact Va
phone call or 4-desk at conference
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? Redding to and livie Gorband+
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.

Emergency Plans for KYA & KUNA

At the Y, our number one priority is ensuring our participants are safe. Below you will find the emergency plans for the Crowne Plaza, the venue used for our KYA and KUNA conferences.

AED Locations:

o West entrance hallway between registration desks and Exhibit Hall o Main hotel lobby o Security desk o Big Al's Restaurant

In the event of severe weather:

o If participants are in their sleeping rooms,
they will take cover in the
bathroom and wait for an alert that it is safe.
o During programming, all participants will go
to Crowne B/C to take cover
and wait for the severe weather to pass.

In the event of a fire alarm:

- o KYYMCA participants will exit from the West Entrance, with schools lining up in alphabetical order (by school name).
- o If students cannot exit through the West Entrance, they will go out through the closest exit and walk to the West Entrance to meet their school.
 - o Y-Staff will help guide schools and participants to the correct place.
 - o Once the lead advisor has confirmed 100% attendance of their delegation, they will inform Y-Staff verbally and via Slack.
 - o Once 100% of students have been confirmed and we get confirmation from the hotel it is safe to return inside, participants will resume programming.

In the event of an intruder:

- o The KYYMCA implements "Run, Hide, Fight".
- o Run participants run away from the danger
- o Hide participants will find a space to hide,
- preferably in a place with a door that locks. Lock the door and turn off all lights, be silent.
- o Fight if participants cannot run or hide, they may try to fight the intruder to best of their ability.

In the event of a medical emergency:

- o Y-Staff are all CPR, First Aid, & AED certified.
- o Hotel Security is trained to respond to any emergency situation o Proper emergency services will be
 - o Advisors and parents will be alerted immediately.

called as needed.

FIELD TRIP BUS REQUEST FORM

09.36 AP.212

OVERNIGHT V	EXTENDED DAY (Same day but extends beyond the school day)	DAY TRIP ONLY		
School: South Oldham High School				
Employee(s) In Charge: Chase McCoy &	Bryan Jackson Group: SOHS	Speech Team		
Destination: Calloway County High Scho				
Date(s) of Trip: 01/23/2026-01/24/2026	_Time of Departure: 5:00 PMTime o	f Return: 10:00 PM		
Approximate Mileage (one way):2	*			
Approximate Number of Students:	12) CODE ME		
Number of Chaperones/Adults: 2		▶ OCBE MTG		
TOTAL TRANSPORTED: 44	*	OCT 1 3 2025		
Number of Buses: 1	<u>_</u> .			
*{44 Person Maximum for MS/HS} {60 Person } *These numbers include both students and all ad	Maximum for ELEM) ults (bus driver, teachers, coaches, chaperones, etc	2.)		
Method of Transportation (if not by school	ous):	50		
All tolls are the responsibility of the school or g	I should have the 8005.02F accompanying this for croup requesting the trip.	m SEP SEP		
Trip Required or Optional: Required		2		
If optional, indicate student charges: Transportation (mileage, of Admissions Other Total C	\$ <u>0</u> \$ <u>0</u>	2025		
Number of Instructional Days Lost: 0	marges #			
Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated? This is our eighth speech tournament of the 25-26 school season. The students will leave by bus after				
school on Friday, thus not missing a da	y of school. We will be staying in a hotel.			
Requested by: Chase McCoy	Date:	09/12/2025		
APPROVAL/DISAPPROVAL				
Approved Disapproved Meusia	, Principal	Date: 4-16-35		
Approved/Disapproved:	, Level Director	Date: 9/25/25		
Approved/Disapproved:	, Superintendent	Date:		
*Field trips in excess of a 60-mile radius of the Board *ALL Overnight Field Trips and trips using Common	office require the approval of the Superintendent. Carriers must be approved by the school board and Sup	erintendent.		
Upon approval, the school will receive an approved for	m from the Superintendent. *			

RELATED PROCEDURES:

Oldham County Schools

EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)

FOR

SCHOOL SANCTIONED NONATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue Calloway County High School
Venue/Address 2108 College Farm Road, Murray, KY 42071
Person or email contacted at venue to discuss EAP Jennifer Donnaway
Position/Title of person contacted Speech Coash + Social Straics Teacher
Date (s) of contact 9/23/25
Is there an Automatic External Defibrillator (AED) on site? 📈 yesno
If yes, where is it located? Tront Lotby, 2) Youth Service Center
Does the venue have an emergency response team (ERT)?yes \(\sum_{no} \)
Process to request AED and/or ERT if needed at the scene Mer. Dunnaway and
get closest AED.
Will a portable AED be taken from school on this trip?yes
Is any other assigned emergency equipment available on field trip? X yes no
If so, list location of equipment Firstaid, bleed Kit
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.

OLDHAM COUNTY BOARD OF EDUCATION ADMINISTRATIVE REGULATION

FIELD TRIP BUS REQUEST FORM

8005.01F

Related to: Policy 8	005, 4055,	8005AR;	8005.001F
OVERNICHT	V		

OVERNIGHT L	EXTENDED DAY L	DAY TRIP ONLY L
School: OCHS	,	
Employee(s) In Charge: Larisa Sapp, Ke	elly McAllister Group: Dance	Team
Destination: Orlando, FL		
Date(s) of Trip: 2/11/26-2/17/26	Time of Departure: 1:30 PM Time of	of Return: 8:00 PM
Approximate Mileage (one way):	<u>*</u>	
Approximate Number of Students:	7	20
Number of Chaperones/Adults:	2	S E
TOTAL TRANSPORTED: 9	*	THE POPULATION OF THE POPULATI
Number of Buses:0	_	CAIN B
	adults (bus driver, teachers, coaches, chaperones, et	2025
Method of Transportation (if not by school	ol bus): Plane	
*Common Carriers must be Board approved a *All tolls are the responsibility of the school or	nd should have the 8005.02F accompanying this for	m*
Trip Required or Optional: Optional	g, out requeeting the trip.	
If optional, indicate student charges: Transportation (mileage Admissions Other	\$ <u>\$625.00</u> \$	
Total	Charges \$\\$875.00	
Number of Instructional Days Lost: 2.5	_	
The dance team will perform on a Nat pushed to compete at the best level o year we can move up again and bring want to continue dance in college at the		e US. The team will be nation and hopefully this neficial to the girls who
Requested by: Larisa M. Sapp	Date: (09/19/2025
	APPROVAL/DISAPPROVAL	
Approved/Disapproved: Approved/Disapproved: Approved/Disapproved:	, Principal , Level Director , Superintendent	
*Field trips in excess of a 60-mile radius of the Boat *ALL Overnight Field Trips and trips using Commo	rd office require the approval of the Superintendent. n Carriers must be approved by the school board and Sup	erintendent.
Upon approval, the school will receive an approved	form from the Superintendent. *	

Adopted Oldham County Board of Education September 2, 1980 Revised: February 1, 1985, September 1991, April 29, 1996, June 19, 1998, June 9, 1999, November 23, 1999, April 2, 2001, March 25, 2004, March 22, 2005, July 27, 2005, August 10, 2006, June 28, 2007, March 11, 2008, July 16, 2008, February 4, 2014, July 17, 2015, January 6, 2017, January 18, 2019

FIELD TRIP BUS REQUEST FORM

09.36 AP.212

OVERNIGHT 🗸	EXTENDED DAY DAY TRIP ONLY Same day but extends beyond the school day)		
School: South Oldham High School			
Employee(s) In Charge: Jeremiah Hubba	rd, Abby Korfhage, Lindsa Group: Cheerleading		
Destination: NHS UCA Cheerleading Co			
Date(s) of Trip: 1/28/26 - 2/4/26	Time of Departure: 8 pm Time of Return: 8 pm		
Approximate Mileage (one way):87	1.5 *		
Approximate Number of Students:	22		
Number of Chaperones/Adults:3			
TOTAL TRANSPORTED: 25	*		
TOTAL TRANSPORTED: 25 Number of Buses: 1			
	lults (bus driver, teachers, coaches, chaperones, etc.)		
Method of Transportation (if not by school	bus): Miller Transportation		
	d should have the 8005.02F accompanying this form*		
Trip Required or Optional: Optional			
If optional, indicate student charges: Transportation (mileage, of Admissions) Other	\$ 500.00 \$ 200.00		
Total C	harges \$_1200.00		
Number of Instructional Days Lost: 5			
	at is to be learned? How will the experience be used and evaluated?		
This is the biggest competition of the se qualify for this and want to compete at nation last year, which is an amazing a	eason for the girls. They have worked hard throughout the year to the highest-level cheerleading has to offer. We finished 4th in the ward. We want to continue on the pattern of bringin back National raise for this trip all year long, so the cost per cheerleader is much		
Requested by: Jeremiah Hubbard	Date: 10/01/2025		
APPRQYAL/DISAPPROVAL			
Approved/Disapproved	Principal Date: 10-1-84		
Approved/Disapproved:	, Level Director Date: 10/3/25		
Approved/Disapproved:	, Superintendent Date:		
*Field trips in excess of a 60-mile radius of the Board (*ALL Overnight Field Trips and trips using Common C	office require the approval of the Superintendent. Carriers must be approved by the school board and Superintendent.		
Upon approval, the school will receive an approved for	m from the Superintendent. *		
RELATED PROCEDURES: 09.36 (all procedures)			

FIELD TRIP BUS REQUEST FORM

09.36 AP.212

OVERNIGHT	EXTENDED DAY (Same day but extends beyond the school day)	DAY TRIP ONLY
School: South Oldham High School	Menter of the Control of the State of the S	
Employee(s) In Charge: Mike Schrecker	Group: Softba	ıll
Destination: Ft. Walton, Florida		
Date(s) of Trip: 4/5/26-4/11/26	Time of Departure: TBD Time	of Return: TBD
Approximate Mileage (one way):55	*	
Approximate Number of Students:2	5	
Number of Chaperones/Adults: 5		
TOTAL TRANSPORTED: 30	*	20
Number of Buses:0	_	13 2 C
*{44 Person Maximum for MS/HS} {60 Person M *These numbers include both students and all adu	lts (bus driver, teachers, coaches, chaperones, e	(c.)
Method of Transportation (if not by school b	us): Parents will transport	100
*Common Carriers must be Board approved and *All tolls are the responsibility of the school or gi		rm*
Trip Required or Optional: Optional	oup requesting the trip.	
If optional, indicate student charges:		
Transportation (mileage, d Admissions Other	river) \$ \$	
Total Cl	narges \$	
Number of Instructional Days Lost: 0		
		1 1 1 10
Justification: Why is the trip necessary? Wha	it is to be learned? How will the experience	be used and evaluated?
Spring Break Trip		
Requested by: Joe Richie	Date: _	10/02/2025
AI	PROVAL/DISAPPROVAL	
Approved Disapproved Music	Principal ,	Date 0-2-20
Approved/Disapproved: W	, Level Director	Date: 10/3/25
Approved/Disapproved:	, Superintendent	Date:
*Field trips in excess of a 60-mile radius of the Board of *ALL Overnight Field Trips and trips using Common C		erintendent.
Upon approval, the school will receive an approved for	n from the Superintendent. *	

RELATED PROCEDURES:

OLDHAM COUNTY BOARD OF EDUCATION ADMINISTRATIVE REGULATION

FIELD TRIP BUS REQUEST FORM

Related to: Policy 8005, 4055, 8005AR; 8005.001F

8005.01F

OVERNIGHT V	EXTENDED DAY DAY TRIP ONLY
School: Oldham County High School	(Same day but extends beyond the school day)
Employee(s) In Charge: Sarah Coleman	Group: Choir
Destination: Danville, KY (Norton Center	for the Arts, Centre College)
	Time of Departure: 7:30 AM (Fri) Time of Return: 6:00 PM (Sat)
Approximate Mileage (one way): 87	
Approximate Number of Students:	7
Number of Chaperones/Adults:7	
TOTAL TRANSPORTED: 0	*
Number of Buses:0	
The state of the s	hults (bus driver, teachers, coaches, chaperones, etc.)
Method of Transportation (if not by school	bus): parent transport
*Common Carriers must be Board approved and *All tolls are the responsibility of the school or g	d should have the 8005.02F accompanying this form*
Trip Required or Optional: optional	
If optional, indicate student charges: Transportation (mileage, Admissions Other Total C	\$ <u>65</u> \$~150
Number of Instructional Days Lost: 1	
Justification: Why is the trip necessary? Wh Students attending this trip have been s Amercian Choral Directors Association.	nat is to be learned? How will the experience be used and evaluated? selected for the 7-9th grade honor choir hosted by the Kentucky. They have prepared selections to work with a guest conductor te. Students will present a concert on Saturday afternoon.
Requested by: Sarah Coleman	Date: 9/29/25
	PPROVAL/DISAPPROVAL
Approved/Disapproved:	(D) Date: 9(3)125
Approved/Disapproved:	, Level Director Date: 18/6/25
Approved/Disapproved:	, Superintendent Date:
*Field trips in excess of a 60-mile radius of the Board *ALL Overnight Field Trips and trips using Common	office require the approval of the Superintendent. Carriers must be approved by the school board and Superintendent.
Unon approval the school will receive an approved for	rm from the Superintendent *

Oldham County Schools

EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)

FOR

SCHOOL SANCTIONED NONATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue: Norton Center for the Arts at Centre College
Venue/Address: 600 W Walnut St, Danville, KY 40422
Person or email contacted at venue to discuss EAP: Jessica Durham
Position/Title of person contacted: Patron Sales and Services Manager, Norton Center
Date (s) of contact: 09/12/25
Is there an Automatic External Defibrillator (AED) on site?x_yesno
If yes, where is it located? There are three-one in the Newlin Hall Foyer near the exterior exit doors, one
in the Weisiger Theatre Foyer Box Office, and one in the Back Stage Hallway near the Stage Door.
Does the venue have an emergency response team (ERT)? _xyesno
Process to request AED and/or ERT if needed at the scene: Contact Jessica Durham at 859-238-5423 or
the Executive Director, Steve Hoffman, at 859-238-5437.
Will a portable AED be taken from school on this trip?yesx_no
Is any other assigned emergency equipment available on field trip?yes no
If so, list location of equipment: Any other equipment needed can be found by contacting a member of the
Norton Center staff.
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.

Norton Center for the Arts at Centre College Emergency Response Quick Guide for Educators

EMERGENCY	911
Department of Public Safety @ Centre College (DPS)	859-236-HELP (4357)
Danville Police Department	859.238.1224
Norton Center Box Office	859.236.4692

Norton Center Emergency Response Team

Executive Director, Steve Hoffman	859.238.5437
Director of Marketing & Development, Jennifer Broadwater	859.238.5421
Technical Director, Michael Lavin	859.238.5435
Patron Services & Sales Manager, Jessica Durham	859.238.5423

AED and First Aid Locations:

- AED: Newlin Hall Foyer on the Grant Hall wall, near the exterior exit doors.
- AED: Weisiger Theatre Foyer Box Office wall, near the coat rack.
- AED: Back Stage Hallway near Stage Door
- First Aid Kit: Newlin Hall Foyer, Box Office
- First Aid Kit: Weisiger Theatre, Box Office
- First Aid Kit: Backstage Scene Shop

To obtain first aid supplies or AED, please find any member of the Norton Center staff.

Please let us know if you need additional information.

In all severe emergencies, it is expected that 911 is called first and then the Department of Public Safety.