

**E-MAILED**

10/16/25

Field Trip Planning Form**E-MAILED**

E.W.

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

School: Cooper Grade(s): B-12 Class/Activity Group/Team: Cheerleading
 Teacher/Sponsor/Coach: Katie James Cell Phone Number: 859-380-0055
 Person trained with current medication administration training CPR/FA/AED credential Katie James

Destination Venue, Location and State: Disney World - and ESPN Wide World of Sports
 Trip Location Contact Person: Hank Light Phone Number: (304) 389-2526
 Coaches: 34 # Teachers: 34 # Students: nn # Chaperones: 1 Adult/Student Ratio: 1:6

Date(s) & Times		Cost	Transportation
Departure Date: <u>2/4/26</u>		Total Cost: \$ <u>1,800.00</u>	<input type="checkbox"/> District Bus/Van
Time: <u>8:00</u> AM/PM		Funding Source: <u>Fundraising/parents</u>	<input type="checkbox"/> Charter Bus:
Return Date: <u>2/10/26</u>		Fee to be assessed to students:	Approved Bid – Company Name
Time: <u>1:30</u> AM/PM		\$ <u>1,000.00</u>	<input checked="" type="checkbox"/> Other: <u>Plane</u>
		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 type="checkbox"/>	Location where packed lunches will be consumed: _____
	Student Purchase Restaurant <input checked="" type="checkbox"/> (Name and location of each stop)	Name & Location: <u>Disney All star resorts</u>	

Over Night	Date: <u>2/4-2/10/26</u>	Lodging: <u>Disney All star resort</u>
	Date: _____	Lodging: _____

Trip Purpose and Core Content/learning targets: National Cheerleading Championship

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: Katie James / Miranda RichSchool Nurse Initials: KJ for verification that medications administrator listed above received training.Due Date: 1/19/26 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
KJ I have attached an anticipated Trip Itinerary
KJ I have evaluated the trip site for potential hazards/special requirements
KJ 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.
KJ Funds have been secured for indigent students
KJ If needed, background checks for chaperone approval have been initiated
KJ 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: Katie James Date: 10/8/2025

School-Related Student Trip Request Form**EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)****FOR****ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS**

Destination/Venue ESPN Wide World of Sports
 Venue Address 700 S. Victory Way Orlando FL 32747
 Person or email contacted at venue to discuss EAP Hank Light
 Position/Title of person contacted University Sprint
 Date (s) of contact 9/15/25

Is there an Automatic External Defibrillator (AED) on site ☒ yes ☐ no? Is it regularly maintained? ☒ yes ☐ no? If yes, where is it located? on medical red shirt staff @ venue

Does venue have an emergency response team (ERT) yes ☒ no?

Process to request AED and/or ERT if needed at the scene All red shirt staff have AED on person. Just have to ask for help

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**

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

○ Principal: [Signature] Date: 10/14/25
 ○ ☐ 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.