

Field Trip Planning Form

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

School: Steeplechase Grade(s): 5 Class/Activity Group/Team: _____
 Teacher/Sponsor/Coach: Shari Testerman Cell Phone Number: 859-750-4404
 Person trained with current medication administration training CPR/FA/AED credential 266054346186
 e-card code.
 Destination Venue, Location and State: Conner Prairie Fishers, IN
 Trip Location Contact Person: Monica Adams Phone Number: 317-776-6000
 # Teachers: 10 # Students: 110 # Chaperones: 25 Adult/Student Ratio: 1:4

Date(s) & Times		Cost		Transportation	
Departure Date: <u>4/2/26</u>		Total Cost: \$ <u>5900.00</u>		<input type="checkbox"/> District Bus/Van	
Time: <u>9:00</u> AM/PM		Funding Source: <u>Title I</u>		<input checked="" type="checkbox"/> Charter Bus: <u>Executive Charter</u>	
Return Date: <u>4/2/26</u>		Fee to be assessed to students: \$ <u>0</u>		Approved Bid -- Company Name	
Time: <u>6:00</u> AM/PM		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>Conner Prairie</u>		
	School Cafeteria Packed <input checked="" type="checkbox"/>				
	Student Purchase Restaurant <input type="checkbox"/> (Name and location of each stop)	Name & Location:			
Over Night	Date:	Lodging:			
	Date:	Lodging:			

Trip Purpose and Core Content/learning targets: 5th Social Studies Standards Bringing history alive through interactive, hands-on learning experience
 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: Shari Testerman & Katie James
 School Nurse Initials: JP 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
JP I have attached an anticipated Trip Itinerary
JP I have evaluated the trip site for potential hazards/special requirements
JP 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.
JP Funds have been secured for indigent students
JP If needed, background checks for chaperone approval have been initiated
JP 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: _____

Date: 10/6/26

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

Destination/Venue Conner Prairie
 Venue Address 13400 Allisonville Rd. Fishers, IN 46038
 Person or email contacted at venue to discuss EAP Monica Adams adams01@connerprairie.org
 Position/Title of person contacted School program
 Date (s) of contact 10/

Is there an Automatic External Defibrillator (AED) on site ☒ yes ☐ no? Is it regularly maintained? ☒ yes ☐ no? If yes, where is it located? _____

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

Process to request AED and/or ERT if needed at the scene _____

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? Shari Testerman (for the bus ride)

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: 10/6/25

○ ☐ 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.

CONNER PRAIRIE

STEP INTO THE STORY

Transaction Date: 10/05/2025

Order #: 14211460

Steeplechase Elementary
Sheri Testerman
12000 Grand National Blvd
Walton, KY 41094

Phone: (859) 485-3500

Email: shari.testerman@boone.kyschools.us

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

Date: 4/2/2026

Reservation Name: Steeplechase Elementary - Testerman

Notes:

Start Time: 11:00AM

End Time: 4:00PM

Group Type: SchoolTour-5th Grade

Payment Due: 4/2/2026

110	School Tour - Guest Student -	X	\$9.00 =	\$990.00
25	School Tour - Guest Chaperone -	X	\$9.00 =	\$225.00
10	School Tour Guest Teacher -	X	\$0.00 =	\$0.00
145				\$1,215.00

11:00 AM School Tour

12:00 PM School Tour Lunch

If your school has 50% or more of students that are economically disadvantaged, as indicated by the Indiana Department of Education, your school may be eligible for the Transportation Fund. For more information and to apply click [here](#).

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

Account Name: **STEEPLECHASE ELEMENTARY / TESTERMAN** Acct ID: **4853500**

Address: **12000 GRAND NATIONAL BLVD. WALTON, KY 41094**

Client Contact: **SHARI TESTERMAN** Phone#: **8594853500**

4/2/2026 8:15:00AM STEEPLECHASE ELEMENTARY		Confirmation# 3152095
MOTOR COACH 55	FROM: STEEPLECHASE: 12000 GRAND NATIONAL BLVD. 41094	FARE: \$1,545.00
	TO: CONNER PRAIRIE: 13400 ALLISONVILLE RD. 46038	TIPS: \$50.00
TRIP REMARKS: INVOICE; WAIT & RETURN FROM CONNER PRAIRIE AROUND 4PM; Order has more than 1 vehicle (3)		Total Fare \$1,595.00
4/2/2026 8:15:00AM STEEPLECHASE ELEMENTARY		Confirmation# 3152171
MOTOR COACH 55	FROM: STEEPLECHASE: 12000 GRAND NATIONAL BLVD. 41094	FARE: \$1,545.00
	TO: CONNER PRAIRIE: 13400 ALLISONVILLE RD. 46038	TIPS: \$50.00
TRIP REMARKS: INVOICE; WAIT & RETURN FROM CONNER PRAIRIE AROUND 4PM; Order has more than 1 vehicle (3)		Total Fare \$1,595.00
4/2/2026 8:15:00AM STEEPLECHASE ELEMENTARY		Confirmation# 3152172
MOTOR COACH 47	FROM: STEEPLECHASE: 12000 GRAND NATIONAL BLVD. 41094	FARE: \$1,445.00
	TO: CONNER PRAIRIE: 13400 ALLISONVILLE RD. 46038	TIPS: \$50.00
TRIP REMARKS: INVOICE; WAIT & RETURN FROM CONNER PRAIRIE AROUND 4PM; Order has more than 1 vehicle (3)		Total Fare \$1,495.00

Invoice Total: \$4,685.00

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 _____