

Field Trip Planning Form

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

School: 012 Thornwilde Grade(s): 5 Class/Activity Group/Team: 5th grade
 Teacher/Sponsor/Coach: Allyson Murray Cell Phone Number: (513) 967-2349
 Person trained with current medication administration training CPR/FA/AED credential Nick Crum, Allyson Murray, Jana Nielson, and Bonnie Schobert
 Destination Venue, Location and State: Kentucky Horse Park 4089 Iron Works Pkwy. Lexington, KY 40511
 Trip Location Contact Person: Kristy Hoskins Phone Number: (859) 259-4200
 # Teachers: 6 # Students: 126 # Chaperones: 25 Adult/Student Ratio: 1:5

Date(s) & Times		Cost	Transportation
Departure Date: <u>4/29/26</u>		Total Cost: \$ <u>4685.00</u>	<input type="checkbox"/> District Bus/Van
Time: <u>8:45</u> <u>AM</u> /PM		Funding Source: <u>5th GR. Field Trip Act</u>	<input checked="" type="checkbox"/> Charter Bus:
Return Date: <u>4/29/26</u>		Fee to be assessed to students:	Approved Bid – Company Name
Time: <u>5:30</u> AM/ <u>PM</u>		\$ <u>40 (per student)</u>	<input type="checkbox"/> Other: <u>Executive Charter, Inc.</u>
		Attach a copy of Charter Bus Contract.	
Meals	At school prior to departure <input type="checkbox"/> <u>N/A</u>	Student Packed <input checked="" type="checkbox"/>	Location where packed lunches will be consumed: <u>Kentucky Horse Park</u>
	Student Purchase Restaurant <input type="checkbox"/> (Name and location of each stop)	School Cafeteria Packed <input checked="" type="checkbox"/>	
Over Night	Date: <u>N/A</u>	Name & Location: <u>N/A</u>	
	Date: <u>N/A</u>	Name & Location: <u>N/A</u>	

Trip Purpose and Core Content/learning targets: To teach students about the horse industry and its affect on traditions and economy.
 Special Student Circumstances: Review rosters for students who require handicapped accessibility, students not participating, other: (1) student wheel chair

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: Allyson Murray, Jana Nielson, Nick Crum, Jen Kidman, and Bonnie Schobert

School Nurse Initials: TES NURSE for verification that medications administrator listed above received training.

Due Date: 4/15/26 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
Am I have attached an anticipated Trip Itinerary
Am I have evaluated the trip site for potential hazards/special requirements
Am 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.
Am Funds have been secured for indigent students
Am If needed, background checks for chaperone approval have been initiated
Am 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):

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

Destination/Venue Kentucky Horse Park
 Venue Address 4089 Iron Works Parkway Lexington, KY 40511
 Person or email contacted at venue to discuss EAP _____
 Position/Title of person contacted Kristy Hoskins Visitor Center + School Groups
 Date (s) of contact 10/16/25 Coordinator
 Is there an Automatic External Defibrillator (AED) on site ☒ yes ☐ no? Is it regularly maintained? ☒ yes ☐ no?
 If yes, where is it located? AED is located @ Visitor Center and Mounted
 Does venue have an emergency response team (ERT) ☒ yes ☐ no? Police Barn
 Process to request AED and/or ERT if needed at the scene AED is administered by
Mounted Police officers @ (859) 509-1450
 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 N/A
 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. Continue rescue breathing and chest compressions following AED prompt.
 - 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: D. H. H. Date: 10-27-25
☐ Required for all trips

Superintendent/Designee: _____ Date: _____
☐ Overnight Trips ☐ Trips of more than one instructional day time period ☐ Co-curricular/Extracurricular trips

Board of Education: _____ Meeting Date: 12/11/2025

Submit forms to Superintendent/Designee for review and submission to the Board for approval.

☐ 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.

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

Account Name: **THORNWILDE ELEMENTARY SCHOOL** Acct ID: **5863900**

Address: **1760 ELMBURN LANE HEBRON, KENTUCKY 41048**

Client Contact: **ALLYSON MURRAY** Phone#: **8595863900**

4/29/2026 8:15:00AM	THORNWILDE ELEMENTARY SCHOOL	Confirmation# 3157224
MOTOR COACH 55	FROM: THORNWILDE ELEMENTARY: 1760 ELMBURN LN. HEBRON KY 4	
5TH GRADE	TO: KY HORSE PARK:4089 IRON WORKS PIKE LEXINGTON	FARE: \$1,545.00
TRIP REMARKS:	KY 40511	TIPS: \$50.00
WAIT & RETURN; BACK TO SCHOOL BY 5:30PM		
Order has more than 1 vehicle (3)		
		Total Fare \$1,595.00

4/29/2026 8:15:00AM	THORNWILDE ELEMENTARY SCHOOL	Confirmation# 3157231
MOTOR COACH 55	FROM: THORNWILDE ELEMENTARY: 1760 ELMBURN LN. HEBRON KY 4	
5TH GRADE	TO: KY HORSE PARK:4089 IRON WORKS PIKE LEXINGTON	FARE: \$1,545.00
TRIP REMARKS:	KY 40511	TIPS: \$50.00
WAIT & RETURN; BACK TO SCHOOL BY 5:30PM		
Order has more than 1 vehicle (3)		
		Total Fare \$1,595.00

4/29/2026 8:15:00AM	THORNWILDE ELEMENTARY SCHOOL	Confirmation# 3157232
WHEELCHAIR MINI BUS	FROM: THORNWILDE ELEMENTARY: 1760 ELMBURN LN. HEBRON KY 4	
5TH GRADE	TO: KY HORSE PARK:4089 IRON WORKS PIKE LEXINGTON	FARE: \$1,445.00
TRIP REMARKS:	KY 40511	TIPS: \$50.00
WAIT & RETURN; BACK TO SCHOOL BY 5:30PM		
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_____