



E-MAILED

12/11/25

## Field Trip Planning Form

EW → T.A.

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

School: RC HS Grade(s): 9-12 Class/Activity Group/Team: BaseballTeacher/Sponsor/Coach: Rob Sawyers Cell Phone Number: 859.802.3565  
Person trained with current medication administration training CPR/FA/AED credential Rob SawyersDestination Venue, Location and State: Ft. Walton Beach Bush/Ft. Walton/Destin FloridaTrip Location Contact Person: Greg Conant Phone Number: 850.598.0061# Teachers: 1 # Students: 16 # Chaperones: 3 Adult/Student Ratio: 1/16

Date(s) & Times		Cost-Fee - Hotel - Meals - Transfer	Transportation
Departure Date: <u>4-4-26 (Allegiant)</u> Time: <u>6:30</u> <input checked="" type="checkbox"/> AM/PM		Total Cost: <u>\$25,022</u> Funding Source: <u>Team is doing multiple Fundraisers</u> Fee to be assessed to students: <u>\$0</u>	<input type="checkbox"/> District Bus/Van <input type="checkbox"/> Charter Bus:
Return Date: <u>4-11-26</u> Time: <u>8:00</u> <input checked="" type="checkbox"/> AM/PM		Attach Student Activity Cost Form 09.15 AP.23	Approved Bid - Company Name <u>Flight</u> <input checked="" type="checkbox"/> Other: <u>See attached Paper</u> 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 type="checkbox"/> (Name and location of each stop)	Name & Location: <u>Hotel Provides Breakfast</u> Name & Location: <u>Coaches Provide Lunch/Dinner</u>	
Over Night	Date: <u>4-4-26 - 4-11-26</u>	Lodging: <u>Hampton Inn Ft. Walton Beach - Okaloosa Island</u>	
	Date: _____	Lodging: <u>1112 Santa Rosa Blvd, Ft Walton Beach FL 32548</u>	

Trip Purpose and Core Content/learning targets: Spring Break Baseball Tournament / Potential college recruitingSpecial Student Circumstances: Review rosters for students who require handicapped accessibility, students not participating, other: None

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: Rob SawyersSchool Nurse Initials: DS for verification that medications administrator listed above received training.Due Date: 3/21/26 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

RS I have attached an anticipated Trip Itinerary Waiting on Game Times, Attached List provided

RS I have evaluated the trip site for potential hazards/special requirements

RS 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.

RS Funds have been secured for indigent students

RS If needed, background checks for chaperone approval have been initiated

RY Plans have been made for students who currently have medication orders on file at the school, to receive routine medications (trained employee for KY trips and states where approved, nurse, or parent attending):

Teacher/Sponsor/Coach Signature: Rob Sawyers Date: 12/17/2025

## School-Related Student Trip Request Form

### EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)

FOR

#### ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue See attached Sheet of Hotel & Field Addresses

Venue Address See attached Sheet list addresses of Baseball Fields

Person or email contacted at venue to discuss EAP Greg Conant / Okaloosa County School District

Position/Title of person contacted Greg Conant Tournament Director

Date (s) of contact August 31<sup>st</sup> 2025

Is there an Automatic External Defibrillator (AED) on site  yes  no? Is it regularly maintained?  yes  no? If yes, where is it located? At Fields Plus Cooper High School will have their own

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

Process to request AED and/or ERT if needed at the scene Game official/Admin will Radio Trainers and Staff

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? Rob Scuyers (Head Coach)

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: Donald Weller Date: 12/11/25  
○  Required for all trips

○ Superintendent/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

○ 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.*

# Cooper High School Baseball – Trip Summary

## Ft. Walton Beach Bash Tournament\*\*

The Cooper Varsity Baseball Team will participate in the Ft. Walton Beach Bash this spring. The team will be led by **Head Coach Rob Sawyers**, along with three assistant coaches, accompanying 16 players. This provides a strong and safe 1 adult : 4 students ratio for the duration of the trip. Throughout the school year, the team has actively fundraised to support this opportunity, with their largest fundraiser—Vertical Raise—held in late February to help secure the remaining funds.

## Travel Information

The team will depart on April 4th, flying Delta Airlines on the 6:30 AM flight. The return flight is scheduled for April 11th at 8:00 PM. (All flight times are subject to change.) To support safe transportation, team parents are completing auto affidavits and background checks to shuttle student-athletes between the airport, athletic facilities, and the hotel.

## Game Sites (Times TBA)

Cooper will compete at multiple host schools, all of which have their Emergency Action Plan (EAP) posted. Locations include:

- **Niceville High School** – 800 E John Sims Pkwy, Niceville, FL 32578
- **Choctawhatchee High School** – 110 Racetrack Rd NW, Fort Walton Beach, FL 32547
- **Fort Walton Beach High School** – 400 Hollywood Blvd NW, Fort Walton Beach, FL 32548
- **South Walton High School** – 645 Greenway Trail, Santa Rosa Beach, FL 32459
- **Navarre High School** – 8600 High School Blvd, Navarre, FL 32566

## Lodging

The team will stay at the Hampton Inn Ft. Walton Beach located at 1112 Santa Rosa Blvd, Fort Walton Beach, FL 32548.

## MEALS

Breakfast provided by hotel

Lunch provided by team

Dinner provided by team

## **Tournament Contact**

**Greg Conant – Tournament Director**

Phone: 850-598-0061

Email: [gsconant@cox.net](mailto:gsconant@cox.net)