

**Field Trip Planning Form**

JA 12/19/25

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

School: Ryle High School Grade(s): 9-12 Class/Activity Group/Team: TSA  
 Teacher/Sponsor/Coach: R Denigan Cell Phone Number: (859) 620-3506  
 Person trained with current medication administration training CPR/FA/AED credential: R Denigan

Destination Venue, Location and State: NKUTrip Location Contact Person: Sarah Mann Phone Number: (859) 572-5907# Teachers: 3-4 # Students: 50-55 # Chaperones: 2 Adult/Student Ratio: 1:10

Date(s) & Times		Cost		Transportation	
Departure Date: <u>2-20-26</u>		Total Cost: \$ <u>1070.00</u>		<input type="checkbox"/> District Bus/Van	
Time: <u>8:30</u> <u>AM</u> <u>PM</u>		Funding Source: <u>TSA</u>		<input checked="" type="checkbox"/> Charter Bus:	
		<u>and LAUEC (bus)</u>		<u>Executive Transportation</u>	
Return Date: <u>2-20-26</u>		Fee to be assessed to students:		Approved Bid – Company	
Time: <u>4:00</u> <u>AM</u> <u>PM</u>		\$ <u>none</u>		Name	
		<i>Attach Student Activity Cost Form 09.15 AP.23</i>		<input type="checkbox"/> Other: _____	
				<i>Attach a copy of Charter Bus Contract.</i>	
Meals	At school prior to departure <input type="checkbox"/>		Student Packed <input type="checkbox"/>		Location where packed lunches will be
	School Cafeteria Packed <input type="checkbox"/>		consumed: _____		
	Student Purchase Restaurant <input checked="" type="checkbox"/>	Name & Location: <u>NKU student center</u>			
	(Name and location of each stop)	Name & Location: _____			
Over Night	Date: _____	Lodging: _____			
	Date: _____	Lodging: _____			

Trip Purpose and Core Content/learning targets: TSA Regional CompetitionSpecial Student Circumstances: Review rosters for students who require handicapped accessibility, students not participating, other: n/a

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: R DeniganSchool Nurse Initials: SLU for verification that medications administrator listed above received training.Due Date: 2-06-26 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
- u I have attached an anticipated Trip Itinerary
- u I have evaluated the trip site for potential hazards/special requirements
- u 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.
- u Funds have been secured for indigent students
- u If needed, background checks for chaperone approval have been initiated
- u 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: Robi L. Denig Date: 12-5-25



**School-Related Student Trip Request Form****EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)  
FOR****ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS**Destination/Venue NKU - Griffin HallVenue Address 500 Louie B Nunn Dr Highland Heights, KY 41099Person or email contacted at venue to discuss EAP Larissa Heck heck13@nku.eduPosition/Title of person contacted Manager, Communication, Events + AdministrationDate (s) of contact 12-11-24Is there an Automatic External Defibrillator (AED) on site ☒ yes ☐ no? Is it regularly maintained? ☒ yes ☐ no? If yes, where is it located? 2nd floor of student union (near info desk)Does venue have an emergency response team (ERT) yes ☐ no? 2nd floor of Griffin HallProcess to request AED and/or ERT if needed at the scene n/a inside south entrance vestibuleWill 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**

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

○ Principal: [Signature] Date: 12/9/25○ ☐ 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: County bus not available

○ 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@executivechartertransportation.org

Account Name: **RYLE HIGH SCHOOL / DENIGAN** Acct ID: **6203506**

Address: **10379 US-42 UNION, KY 41091**

Client Contact: **ROBIN DENIGAN** Phone#: **8596203506**

<b>2/20/2026 8:00:00AM</b>		<b>RYLE HIGH SCHOOL</b>	<b>Confirmation# 3166507</b>
<b>MOTOR COACH 55</b>	<b>FROM:</b>	<b>RYLE HIGH SCHOOL: 10379 US-42 UNION, KY 41091</b>	<b>FARE: \$945.00</b>
	<b>TO:</b>	<b>NKU GRIFFIN HALL: 500 LOUIE B NUNN DR. HH, KY 41017</b>	<b>TIPS: \$50.00</b>
<b>TRIP REMARKS:</b>			<b>Total Fare \$995.00</b>
<b>WAIT &amp; RETURN; DEPART ABOUT 3:15PM FOR RETURN</b>			

**Invoice Total: \$995.00**

**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 \_\_\_\_\_