

Field Trip Planning Form

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: FBLA
 Teacher/Sponsor/Coach: Angie Albaugh Cell Phone Number: 513-515-1585
 Person trained with current medication administration training CPR/FA/AED credential: Angie Albaugh

Destination Venue, Location and State: NKU - Highland Heights Ky
 Trip Location Contact Person: Amber Florence Phone Number: 859-512-6528

Teachers: 6 # Students: 115 # Chaperones: 6 Adult/Student Ratio: 1-10

Date(s) & Times	Cost	Transportation
Departure Date: <u>2/24</u> Time: <u>8:30</u> <input checked="" type="radio"/> AM <input type="radio"/> PM	Total Cost: \$ <u>55 per student</u> Funding Source: <u>Students + LAVAC</u>	<input type="checkbox"/> District Bus/Van <input checked="" type="checkbox"/> Charter Bus: <u>Due to bus shortage on that day</u> Approved Bid - Company Name: _____ <input type="checkbox"/> Other: _____
Return Date: <u>2/24</u> Time: <u>4:00</u> <input checked="" type="radio"/> AM <input type="radio"/> PM	Fee to be assessed to students: \$ <u>30</u> <i>Attach Student Activity Cost Form 09.15 AP.23</i>	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)	School Cafeteria Packed <input type="checkbox"/>	Name & Location: <u>Various available at NKU</u>
Over Night	Date: _____	Lodging: _____	
	Date: _____	Lodging: _____	

Trip Purpose and Core Content/learning targets: Regional Competitions

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: Angie Albaugh

School Nurse Initials: SW 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
- AA I have attached an anticipated Trip Itinerary
- AA I have evaluated the trip site for potential hazards/special requirements
- AA 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.
- AA Funds have been secured for indigent students
- AA If needed, background checks for chaperone approval have been initiated
- AA 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: Angie Albaugh Date: 1/12/26

School-Related Student Trip Request Form

**EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)
FOR**

ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue Northern Kentucky University
Venue Address 5300 Campus Dr. Highland Heights KY
Person or email contacted at venue to discuss EAP Matt Crickmer / Ambu Florence
Position/Title of person contacted FBLA Lead

Date (s) of contact 1/12/26
Is there an Automatic External Defibrillator (AED) on site yes no? Is it regularly maintained yes no? If yes, where is it located? Map attached

Does venue have an emergency response team (ERT) yes no?
Process to request AED and/or ERT if needed at the scene Call security office

AED's located throughout building - see locations attached.
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: Matt Crickmer Date: 1/13/26
○ 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.



AUTOMATED EXTERNAL DEFIBRILLATORS (AED)

Automated External Defibrillators (AED) are a proven method of reducing morbidity and mortality from sudden cardiac arrest (heart attack). An AED is a device that attaches to a victim's chest to assess the heart's rhythm and, if needed, automatically recommends whether or not a shock be delivered to correct the heart's rhythm. An adult who has just gone into sudden cardiac arrest is most likely in urgent need of defibrillation and a metered electrical charge can often restore the heart to healthy function and save a life. To provide a realistic chance of survival, defibrillation must be available soon after cardiac arrest.

The automated external defibrillator (AED) will enable University personnel or the public who are trained in CPR/AED to deliver early defibrillation to victims in the first critical moments after a sudden cardiac arrest. Responder's use of the AED should not replace the care provided by emergency medical service (EMS) providers but it is meant to provide a lifesaving bridge during the first few critical minutes it takes for advanced life support providers to arrive. Upon arrival of the EMS providers, patient care should be transferred.

At Northern Kentucky University—Health, Counseling and Student Wellness, University Police, Campus Recreation, and Athletics each have stand-alone AED programs coordinated by their departments to ensure training, equipment, and compliance requirements are met.

Public access AEDs come under a campuswide Automated External Defibrillator Program managed under Safety and Emergency Management. A representative from Safety and Emergency Management acts as the AED coordinator for the University and inspects all units for compliance. Any department wishing to purchase an AED and become part of the University's program should contact Safety and Emergency Management at (859) 572-6528 for additional information.

AED LOCATIONS:

MAIN CAMPUS BUILDING	LOCATION
Albright Health Center (HC)	1st Floor Elevator Lobby
Business Academic Center (BC)	1st Floor South Lobby (MEP Side)
Callahan Hall (CH)	1st Floor Main Lobby by Desk
Campbell Hall (CA)	2nd Floor Across from Central Stairwell
Campus Recreation Center	Distribution Desk
Campus Recreation Center	Pool Office
Campus Recreation Center	Weight Area
Ceramics and Sculpture (CS)	On Wall Near Main Entrance Facing Campbell Drive
Commonwealth Hall (CW)	1st Floor Main Lobby by Cardinal Wing
Fine Arts Center (FA)	3rd Floor Elevator Lobby Across from Elevator
Founders Hall (FH)	2nd Floor Plaza Entrance Near Steely Library
Griffin Hall (GH)	2nd Floor Inside South Entrance Vestibule
Health Innovation Center (HE)	2nd Floor Health Innovation Center Near Elevator

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

Account Name: **RYLE HIGH SCHOOL / ALBAUGH** Acct ID: **5151585**

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

Client Contact: **ANGIE ALBAUGH** Phone#: **5135151585**

2/24/2026 8:15:00AM	RYLE HIGH SCHOOL	Confirmation# 3173610
MOTOR COACH 55	FROM: RYLE HIGH SCHOOL: 10379 US-42, UNION, KY 41091	FARE: \$1,445.00
TRIP REMARKS:	TO: NORTHERN KENTUCKY UNIVERSITY: 5300 CAMPUS DR,	TIPS: \$50.00
WAIT AND DEPART NKU AT 4PM	HIGHLAND HEIGHTS, KY 41076	
Order has more than 1 vehicle (2)		Total Fare \$1,495.00

2/24/2026 8:15:00AM	RYLE HIGH SCHOOL	Confirmation# 3173884
MOTOR COACH 55	FROM: RYLE HIGH SCHOOL: 10379 US-42, UNION, KY 41091	FARE: \$1,445.00
TRIP REMARKS:	TO: NORTHERN KENTUCKY UNIVERSITY: 5300 CAMPUS DR,	TIPS: \$50.00
WAIT AND DEPART NKU AT 4PM	HIGHLAND HEIGHTS, KY 41076	
Order has more than 1 vehicle (2)		Total Fare \$1,495.00

Invoice Total: \$2,990.00

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 _____