

ignite, UoFL, 11th, Louisville, 2.26.26

Field Trip Planning Form

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

School: IGNITE Grade(s): 11 Class/Activity Group/Team: ENGINEERING
 Teacher/Sponsor/Coach: ADAM KLAZNE Cell Phone Number: 859 912-1550
 Person trained with current medication administration training CPR/FA/AED credential: ADAM KLAZNE

Destination Venue, Location and State: UNIVERSITY OF LOUISVILLE LOUISVILLE KY
 Trip Location Contact Person: YEZMY PINA-PEREZ Phone Number: 502-852-6195

Teachers: 5 # Students: 50 # Chaperones: 0 Adult/Student Ratio: 1:10

Date(s) & Times	Cost	Transportation
Departure Date: <u>2/26/26</u> Time: <u>8:15</u> AM /PM	Total Cost: \$ <u>0</u> Funding Source: <u>UOFL</u>	<input type="checkbox"/> District Bus/Van <input checked="" type="checkbox"/> Charter Bus: <u>PROVIDED BY UOFL</u>
Return Date: <u>2/26/26</u> Time: <u>4:00</u> AM /PM	Fee to be assessed to students: \$ <u>0</u> <small>Attach Student Activity Cost Form 09.15 AP.23</small>	Approved Bid - Company Name <u>Charter</u> <input type="checkbox"/> Other: <u>UP</u> <small>Attach a copy of Charter Bus Contract.</small>

UOFL insurance attached

Meals	At school prior to departure <input type="checkbox"/>	Student Packed <input type="checkbox"/>	Location where packed lunches will be
	<u>PROVIDED BY UOFL</u>	School Cafeteria Packed <input type="checkbox"/>	Consumed: _____
	Student Purchase Restaurant <input type="checkbox"/> <small>(Name and location of each stop)</small>	Name & Location: <u>UOFL STUDENT CENTER</u>	
		Name & Location: _____	
Over Night	Date: _____	Lodging: _____	
	Date: _____	Lodging: _____	

Trip Purpose and Core Content/learning targets: VISIT UOFL ENGINEERING SPEED SCHOOL

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: Ad Klaz ADAM KLAZNE

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

Due Date: 2/12/26 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**)

- AK N/A I have viewed the field trip video for teachers/sponsors/coaches found on the district website.
- AK I have attached an anticipated Trip Itinerary.
- AK I have evaluated the trip site for potential hazards/special requirements.
- AK 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.
- AK Funds have been secured for indigent students.
- AK If needed, background checks for chaperone approval have been initiated.
- AK 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: Ad Klaz Date: 12/10/25

School-Related Student Trip Request Form

**EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)
FOR ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS**

Destination/Venue: UNIVERSITY OF LOUISVILLE SPEED SCHOOL OF ENGINEERING

Venue Address: 132 EASTERN PARKWAY LOUISVILLE KY 40292

Person or email contacted at venue to discuss EAP: YEMMY PENA-PEREZ (502)3200432

Position/Title of person contacted: ASSOCIATE DIRECTOR OF OUTREACH & COMMUNITY ENGAGEMENT

Date (s) of contact: 12/9/25

Is there an Automatic External Defibrillator (AED) on site yes no? Is it regularly maintained? yes no? If yes, where is it located? EACH FLOOR OF EACH BUILDING (1ST FLOOR)

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

Process to request AED and/or ERT if needed at the scene: NOTIFY TOUR PERSONNEL

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? ADAM KLWINE

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.
 - 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: 12/10/25

○ 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.

2/26/2026

8:15am - Depart Ignite Institute: 8:15 am

10:00am - Arrive University of Louisville JB Speed school of Engineering:

11:00am - Student Activity Center

12:00-2:00pm - Speed School campus buildings (Engineering Student Success and Research building, Sackett, Vogt, W.S. Speed, JB Speed, Duthie, and Ernst building.

2:00pm - Depart Louisville

4:00pm - Arrive at Ignite Institute.

Hemingway, Susanne

From: Pina Perez, Yeimy <yeimy.pina-perez@louisville.edu>
Sent: Thursday, December 11, 2025 8:58 AM
To: Hemingway, Susanne
Subject: UofL sponsored Ignite Institute visit

You don't often get email from yeimy.pina-perez@louisville.edu. [Learn why this is important](#)

EXTERNAL MESSAGE

Hello,

This email is to confirm that the University of Louisville JB Speed School of Engineering will be sponsoring a charter bus for Ignite to visit campus in February 2026. Ignite will not be responsible for the cost of the charter bus UofL will cover the cost of one charter bus.

Yeimy Piña-Perez
She/ Her/ Hers
Associate Director of Outreach and Community Engagement
J.B. Speed School of Engineering University of Louisville
2315 S 1st St Walk, Louisville Ky 40208
STEM+Hub LL02H
yeimy.pina-perez@louisville.edu
Chat on Teams O: 502.852.6195
Follow us on: Facebook | Instagram | Twitter | TikTok

COMMONWEALTH OF KENTUCKY PROOF OF INSURANCE

COMPANY # **10677**
 COMPANY NAME AND ADDRESS
The Cincinnati Insurance Company
P.O. Box 145496
Cincinnati, OH 45250

NAMED
 INSURED
 & ADDRESS:

University of Louisville
421 W. Cardinal Blvd.
Louisville, KY 40208-2730

POLICY #: **ETN 0689339** TYPE OF POLICY PL CL

EFFECTIVE DATE: **07/01/2025** EXPIRATION DATE: **07/01/2026**

YEAR: MAKE/MODEL:

Fleet

VEHICLE ID# (VIN):

AGENCY/COMPANY
 ISSUING CARD: **Arthur J. Gallagher Risk Management Services,**

AGCY/CO PHONE #: **(615) 244-8484**

SEE IMPORTANT NOTICE ON REVERSE SIDE

INSTRUCTIONS TO POLICYHOLDER

Two proof of insurance cards are provided herewith. Present one copy to the County Clerk when renewing your motor vehicle registration. The other copy shall be carried in the identified motor vehicle at all times as evidence of insurance, and shall be shown to a peace officer upon request. Note: if Vehicle Identification is designated "Fleet", keep the other copy with your insurance records.

Important: Compare the Vehicle Identification Number (VIN) shown on the Proof of Insurance card and on the motor vehicle registration with the VIN on the motor vehicle. They should match. If the number shown on the Proof of Insurance card is incorrect, contact your insurance company representative at the phone number shown on the front of this card to have the number corrected. If the number shown on the registration is incorrect, contact the County Clerk to have the number corrected.

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P.O. Box 145496
Cincinnati, OH 45250

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 & ADDRESS:

University of Louisville
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Louisville, KY 40208-2730

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/20/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Sterling Seacrest Pritchard, Inc. 2500 Cumberland Pkwy Suite 400 Atlanta GA 30339	CONTACT NAME: Oliver O'Connor PHONE (A/C No. Ext): 404-832-8771 E-MAIL ADDRESS: ooconnor@sspins.com	FAX (A/C, No):	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED CharterUp, LLC 6595 Roswell Rd Ste G291 Atlanta GA 30328	License#: 70726 CHARTEC-01	INSURER A: Philadelphia Indemnity INSURER B: Employers Preferred Insurance Co INSURER C: Great American Insurance Company INSURER D: INSURER E: INSURER F:	18058 10346 16691

COVERAGES

CERTIFICATE NUMBER: 727443088

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2686860-006	5/22/2025	10/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2686860-006	5/22/2025	10/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB911812-006	5/22/2025	10/1/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	EIG253774908	9/1/2025	9/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	2nd Excess Liability			XSF032382-02	5/22/2025	10/1/2026	Aggregate Limit 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

For Information Purposes Only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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