

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: Baseball
 Teacher/Sponsor/Coach: Joe Aylor Cell Phone Number: 859-394-3080
 Person trained with current medication administration training CPR/FA/AED credential: Joe Aylor

Destination Venue, Location and State: Corbin High School, Corbin, KY

Trip Location Contact Person: Cody Philpot Phone Number: _____

Teachers: 1 # Students: 21 # Chaperones: 3 Adult/Student Ratio: 1/6

Date(s) & Times	Cost	Transportation
Departure Date: <u>April 7</u> Time: <u>12:00</u> AM/PM	Total Cost: \$ <u>4188.17</u> Funding Source: <u>RAC/Baseball Account</u>	<input type="checkbox"/> District Bus/Van <input checked="" type="checkbox"/> Charter Bus: Executive Charter
Return Date: <u>April 8</u> Time: <u>3:00</u> AM/PM	Fee to be assessed to students: \$ <u>0</u> <i>Attach Student Activity Cost Form 09.15 AP.23</i>	Approved Bid – Company Name <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 consumed: _____ School Cafeteria Packed <input type="checkbox"/>	
	Student Purchase Restaurant <input type="checkbox"/> (Name and location of each stop)	Name & Location: <u>Team Pays</u> Name & Location: _____
Over Night	Date: <u>April 8</u>	Lodging: <u>Holiday Inn Express, Corbin, KY</u>
	Date: _____	Lodging: _____

Trip Purpose and Core Content/learning targets: Varsity game vs. Corbin

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: Joe Aylor

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
- JA I have attached an anticipated Trip Itinerary
- JA I have evaluated the trip site for potential hazards/special requirements
- JA 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.
- JA Funds have been secured for indigent students
- JA If needed, background checks for chaperone approval have been initiated
- JA 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: [Signature] Date: 2-5-20

School-Related Student Trip Request Form

EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)

FOR

ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue Corbin High School

Venue Address 1901 Snyder St., Corbin, KY 40701

Person or email contacted at venue to discuss EAP Cody Philpot

Position/Title of person contacted cody.philpot@corbin.kyschools.us

Date (s) of contact 1/22

Is there an Automatic External Defibrillator (AED) on site yes no? Is it regularly maintained? yes no? If yes, where is it located? _____

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

Process to request AED and/or ERT if needed at the scene Athletic trainer

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? Joe Taylor

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: [Signature] Date: 2/10/2026

○ 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.



Your reservation at Holiday Inn Express & Suites Corbin is confirmed. #43305517 - 7 Apr 2026

From Holiday Inn Express <HolidayInnExpress@tx.ihg.com>

Date Fri 1/30/2026 8:44 AM

To Aylor, Joseph <joseph.aylor@boone.kyschools.us>

You don't often get email from holidayinnexpress@tx.ihg.com. [Learn why this is important](#)

EXTERNAL MESSAGE

[Web Version](#)



[SIGN IN](#) | [Club](#)

Joseph, your reservation is confirmed!

Confirmation #43305517



[Holiday Inn Express & Suites Corbin](#)

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

Account Name: RYLE HIGH SCHOOL / BASEBALL Acct ID: 3943080

Address: 10379 US-42 UNION, KY 41091

Client Contact: JOE AYLOR Phone#: 8593943080

Pickup_Time	Passenger	Confirmation
3943080		
4/7/2026 12:00:00AM	RYLE HIGH SCHOOL / BASEBALL	3177749
MOTOR COACH 47	FROM: RYLE HIGH SCHOOL: 10379 US-42, UNION, KY 41091	Fare \$2,890.00
	TO: CORBIN, KY	Tips \$100.00
		TotalFare \$2,990.00
TRIP REMARKS:	1ST OF 2 DAYS \$2,990 PLUS THE DRIVER'S ROOM AND ANY APPLICABLE PARKING FEES	
		Invoice Total: \$2,990.00

DEPOSIT: A \$100 deposit per motorcoach is required to reserve service.

PAYMENT OF BALANCE: To avoid cancellation, the balance of the payment is due thirty (30) days prior to the event. If the 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.

ADDITIONAL CHARGES: You will be responsible for any tolls, city fees and applicable parking for the bus.

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.

DRIVER ACCOMODATIONS: You are responsible for a hotel room for the driver. This includes booking and payment of the room.

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. A revised quote will be given at the time of change.

DAMAGE AND CLEAN UP FEES: If extraordinary 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.

LIMITATIONS ON DRIVE TIMES: Please NOTE the following:

The bus will not be driven between 1:00 am and 5:00am. Please adjust your itinerary to accommodate this.

The D.O.T. only allows a driver to be on duty for 15 consecutive hours and to drive for 10 hours of the 15 hours before an 8 hour break is required.

It is important to communicate with us prior to your trip regarding any itinerary that may exceed these requirements so accommodations for a second driver can be made. A second driver will increase the cost of your charter.

ITINERARY: A specific itinerary is required 2 weeks before the service, 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 _____

Report Date: 1/30/2026

Report Time: 10:51:43AM

April 7, 2026

12:00 PM- Leave Ryle High School

3:00 PM- Arrive at the hotel, Holiday Inn Express, Corbin KY to check in

4:00 PM- Leave for the Corbin High School

5:00 PM- Arrive at Corbin High School

8:30 PM- Leave Corbin High School to go back to the hotel

April 8, 2026

10:30- Leave Hotel for Cumberland Falls State Park

2:30- Leave Cumberland Falls State Park for Ryle High School

5:30- Arrive back at Ryle High School