

Field Trip Planning Form

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

School: Ryle HS 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: Albaugh

Destination Venue, Location and State: Galt House - Louisville Ky

Trip Location Contact Person: Sheena Searcy Phone Number: (502) 564-4286

Teachers: 2 # Students: 60 # Chaperones: 4 Adult/Student Ratio: 1-10

Date(s) & Times	Cost	Transportation
Departure Date: <u>4/27</u> Time: <u>9:00</u> <u>AM</u> / <u>PM</u>	Total Cost: \$ <u>19,000</u> Funding Source: <u>LAVAC</u> <u>Fundraising + Fees</u>	<input type="checkbox"/> District Bus/Van <input checked="" type="checkbox"/> Charter Bus: <u>Executive Charter</u>
Return Date: <u>4/29</u> Time: <u>2:00</u> <u>AM</u> / <u>PM</u>	Fee to be assessed to students: \$ <u>100</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: _____
	Student Purchase Restaurant <input checked="" type="checkbox"/> (Name and location of each stop)	School Cafeteria Packed <input type="checkbox"/>	
Over Night	Date: <u>4/27 - 4/29</u>	Lodging: <u>Galt House Hotel</u>	
	Date: _____	Lodging: _____	

Trip Purpose and Core Content/Learning targets: FBLA State Competition

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: AW 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: 2/11/26

School-Related Student Trip Request Form

EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)

FOR

ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue Galt House

Venue Address 140 N. 4th Street, Louisville Ky 40202

Person or email contacted at venue to discuss EAP Sheena Searey

Position/Title of person contacted Customer Service

Date (s) of contact 2/11/26

Is there an Automatic External Defibrillator (AED) on site? yes no? Is it regularly maintained? yes no? If yes, where is it located? Throughout hotel (lobby+conference area)

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

Process to request AED and/or ERT if needed at the scene Call security team

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: [Signature] Date: 2/17/26

○ 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.

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

4/27/2026 8:45:00AM	RYLE HIGH SCHOOL	Confirmation# 3181903
MOTOR COACH 55	FROM: RYLE HIGH SCHOOL: 10379 US-42, UNION, KY 41091	FARE: \$1,145.00
TRIP REMARKS:	TO: THE GALT HOUSE: 140 N FOURTH ST, LOUISVILLE, KY 40202	TIPS: \$50.00
PICK AND DROP		
Order has more than 1 vehicle (2)		Total Fare \$1,195.00

4/27/2026 8:45:00AM	RYLE HIGH SCHOOL	Confirmation# 3182332
MOTOR COACH 55	FROM: RYLE HIGH SCHOOL: 10379 US-42, UNION, KY 41091	FARE: \$1,145.00
TRIP REMARKS:	TO: THE GALT HOUSE: 140 N FOURTH ST, LOUISVILLE, KY 40202	TIPS: \$50.00
PICK AND DROP		
Order has more than 1 vehicle (2)		Total Fare \$1,195.00

4/29/2026 10:45:00AM	RYLE HIGH SCHOOL	Confirmation# 3182330
MOTOR COACH 55	FROM: THE GALT HOUSE: 140 N FOURTH ST, LOUISVILLE, KY 40202	FARE: \$1,145.00
TRIP REMARKS:	TO: RYLE HIGH SCHOOL: 10379 US-42, UNION, KY 41091	TIPS: \$50.00
PICK AND DROP		
WILL STOP IN LAGRANGE FOR LUNCH		
Order has more than 1 vehicle (2)		Total Fare \$1,195.00

4/29/2026 10:45:00AM	RYLE HIGH SCHOOL	Confirmation# 3182331
MOTOR COACH 55	FROM: THE GALT HOUSE: 140 N FOURTH ST, LOUISVILLE, KY 40202	FARE: \$1,145.00
TRIP REMARKS:	TO: RYLE HIGH SCHOOL: 10379 US-42, UNION, KY 41091	TIPS: \$50.00
PICK AND DROP		
WILL STOP IN LAGRANGE FOR LUNCH		
Order has more than 1 vehicle (2)		Total Fare \$1,195.00

Invoice Total: \$4,780.00