

Field Trip Planning Form

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

School: Ockerman Middle Sc. Grade(s): 8 Class/Activity Group/Team: 8th grade
 Teacher/Sponsor/Coach: Sarah Walton Cell Phone Number: 959 802 2361
 Person trained with current medication administration training CPR/FA/AED credential: Walton, Votz, Hill

Destination Venue, Location and State: Kings Island, 6300 Kings Island Dr, Kings Island, OH
 Trip Location Contact Person: Madelyn Schuckert Phone Number: 513 754 5700 45034

Teachers: 8 # Students: 200 # Chaperones: 15 Adult/Student Ratio: 1:9

Date(s) & Times Departure Date: <u>May 18, 2026</u> Time: <u>9:00</u> <u>AM</u> / <u>PM</u> Return Date: <u>May 18, 2026</u> Time: <u>7:30</u> <u>AM</u> / <u>PM</u>		Cost Total Cost: <u>\$15 per student</u> Funding Source: <u>Students</u> Fee to be assessed to students: <u>\$15 per student</u> <small>Attach Student Activity Cost Form 09.15 AP.23</small>		Transportation <input type="checkbox"/> District Bus/Van <input checked="" type="checkbox"/> Charter Bus: <u>Pettkerman</u> Approved Bid -- Company Name <input type="checkbox"/> Other: _____ <small>Attach a copy of Charter Bus Contract.</small>		
Meals	At school prior to departure <input checked="" type="checkbox"/>		Student Packed <input checked="" type="checkbox"/>		Location where packed lunches will be consumed: <u>@ Kings Island</u>	
	Student Purchase Restaurant <input checked="" type="checkbox"/> (Name and location of each stop)		Name & Location: <u>Kings Island</u>			
Over Night	Date: _____		Lodging: _____			
	Date: _____		Lodging: _____			

Trip Purpose and Core Content/Learning targets: End of middle school celebration

Special 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: Walton, Votz, Hill

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

Due Date: April 27, 2026 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
- SW I have attached an anticipated Trip Itinerary
- SW I have evaluated the trip site for potential hazards/special requirements
- SW 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.
- SW Funds have been secured for indigent students
- SW If needed, background checks for chaperone approval have been initiated
- SW 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: Sarah Walton Date: 2/4/26

School-Related Student Trip Request Form

EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)

FOR

ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue Kings Island
Venue Address 6300 Kings Island Dr, Kings Island, OH 45034
Person or email contacted at venue to discuss EAP Madelynn Schuckert
Position/Title of person contacted Student/Youth Sales Representative, Group
Date (s) of contact 2/2/2026

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

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

Process to request AED and/or ERT if needed at the scene publicly available at various locations

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 First Aid

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: M. Poey Date: 2/4/26

○ 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.

Charter Price Quote



Elmwood Place, OH
 Petermann LLC
 211 Township Ave, Cincinnati, OH 45216

Purchase Order # : CHECK #	Trip Date: Monday, May 18, 2026
Customer : OCKERMAN MIDDLE SCHOOL	e-mail : SARAH.WALTON@BOONE.KYSCHOOLS.US
Attention : SARAH WALTON	State : KY
Address : OCKERMAN MIDDLE SCHOOL (6033)	ZIP : 41042
8300 US HIGHWAY 42	Phone : (859) 282-3240
City : FLORENCE	Fax # :

Trip ID: CH6033-8438	Bus Type:
Trip Name: KINGS ISLAND	Bus Quantity: 5
Trip Description: D/R - 5 BUSES 9:15 AM (6:30 PM)	

Address Description	Address	Arrival Time	Departure Time
Ockerman Middle School	8300 US-42, , Florence, KY, 41042 US	09:05 AM	09:15 AM
Kings Island	6300 Kings Island Dr, , Mason, OH, 45040 US		10:15 AM

Kings Island	6300 Kings Island Dr, , Mason, OH, 45040 US	06:15 PM	06:30 PM
Ockerman Middle School	8300 US-42, , Florence, KY, 41042 US		07:30 PM

Special Instructions for Driver	Special Notations
DROP - 5 BUSES, INFORM GROUP THE BUSES WILL ARRIVE BY 6:15PM, CONFIRM LOADED AND LEAVING BY 6:30PM, FILL IN YOUR TIME AND MILEAGE	

Estimated Charges :							
Start Time	End Time	Return Start Time	Return End Time	Miles	Description	Additional	Total
08:15 AM	11:00 AM	05:30 PM	08:15 PM	0	KINGS ISLAND		\$412.50
08:15 AM	11:00 AM	05:30 PM	08:15 PM	0	KINGS ISLAND		\$1,650.00
8:20 AM	10:45 AM	5:40 PM	8:05 PM	0	10% FUEL SURCHARGE		\$206.25
		Subtotal: \$2,268.75				= \$2,268.75	

Trip booked by: Kimberly Scott
Email: kscott@petermannbus.com

PRICING ESTIMATE

CUSTOMER ACKNOWLEDGEMENT/SIGNATURE

X _____ / ____ / ____
 I acknowledge information, itinerary fee estimate is correct
If signed confirmation is not returned within 10 days, your reservation will be canceled
 Sign and return copy of confirmation with payment information



Customer is responsible to pay all parking fees/tolls

Prepay Amount :
Receipt #

I have read and accepted Terms And Conditions:

EXHIBIT A

Charter Passenger Policy

Purpose

This policy provides guidance to the Customer regarding all charter transportation passengers, including but not limited to, employees, staff, and customers of the Customer who ride the charter buses provided by the Carrier.

Scope

This policy prohibits the following acts on any Carrier vehicle which is used as part of the services Carrier provides to Customer under the Agreement:

- Smoking tobacco or any other substance, or carrying a lighted or smoldering substance in any form.
- With the exception of peace officers, carrying aboard any weapon.
- Carrying aboard any flammable or explosive substance except for matches and cigarette lighters. For example, cooking stoves, propane tanks and other fuels are prohibited. Carrying aboard any package or article of a size which will block any aisle, emergency exit, or stairway of the vehicle.
- Carrying aboard any animal not housed in an enclosed carrying container. Such container cannot block or hinder travel in the aisle, emergency exit, or stairway. Service animals are allowed.
- Carrying aboard a stroller unless such item is folded and unoccupied. Strollers must remain folded while aboard the vehicle and must not block or obstruct an aisle, emergency exit, or stairway.
- Playing radios or other audio devices or musical instruments aboard unless the only sound produced by such item is emitted by a personal listening attachment (earphone) audible only to the person carrying the device producing the sound. An exception exists for peace officers, security guards, and for Carrier officials while performing their official duties.
- Littering, discarding, or depositing any trash, debris, or offensive substances in non-appropriate places.
- Spitting, urinating, or defecating.
- Damaging, writing upon, or otherwise defacing or altering property.
- Fighting or engaging in any violent, tumultuous, or threatening behavior.
- Making excessive and unnecessary noise, or using profanity.
- Obstructing the free movement of passengers.
- Interfering with the safe operation or movement of a Carrier vehicle or operator.
- Standing or otherwise occupying any space in front of the line marked on the forward end of the floor of the vehicle or otherwise conducting himself in such a manner as to obstruct the vision of the vehicle operator while the vehicle is in motion.
- Impeding the opening of, or interfering or tampering with, or otherwise obstructing the operation or use of, any window, door, or other emergency exit.
- Standing in the way of direction or impeding the vehicle from moving.
- Posting or removing any notice or advertisement unless authorized by a Carrier official.
- Throwing any litter, stone, wood, snow or other substance at, into, or from any Carrier vehicle.
- Gambling or soliciting others to engage in gambling.
- Engaging in any activity prohibited by State, County, or Municipal law.
- Entering or exiting a Carrier vehicle through the rear exit door unless directed by a Carrier official or in the event of an emergency.
- Climbing through a window or extending an arm, leg or head out the window of any Carrier vehicle.
- Hanging onto or attaching oneself to any exterior part of a Carrier vehicle while the vehicle is resting or in motion.
- Running or engaging in any horseplay.
- Refusing to leave any Carrier vehicle after having been ordered to do so by the operator of the vehicle, a security guard, peace officer, or Carrier official or supervisor.

Customer further agrees to

- Comply with all applicable laws, rules, regulations and ordinances.

Compliance

If a Carrier operator encounters any individual(s) violating this policy on a Carrier vehicle, the operator will ask the individual(s) to stop the activity or leave the premises. If the individual(s) persist in their conduct, the Carrier will notify a peace officer who will take the appropriate action. Compliance with this policy is required of each passenger. Failure to comply with this policy may result in immediate removal up to suspension of charter transportation privileges.