

Field Trip Planning Form

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

School: Cooper High School Grade(s): 11 Class/Activity Group/Team: Robotics
 Teacher/Sponsor/Coach: Kelli Lang Cell Phone Number: (859)250 2761
 Person trained with current medication administration training CPR/FA/AED credential Kelli Lang
 Destination Venue, Location and State: America's Center Convention Complex
701 Convention Plaza, St. Louis, MO
 Trip Location Contact Person: support@rectory Phone Number: (270)890-3292
 # Teachers: 1 # Students: 2 # Chaperones: _____ Adult/Student Ratio: 1:2

Date(s) & Times	Cost	Transportation
Departure Date: <u>4-20-26</u> Time: <u>3:00</u> AM/PM <input checked="" type="radio"/>	Total Cost: \$ <u>6600</u> Funding Source: <u>LAVEC, Perkins, Robotics Acct</u>	<input type="checkbox"/> District Bus/Van <input type="checkbox"/> Charter Bus: Approved Bid – Company Name <input checked="" type="checkbox"/> Other: <u>parents</u>
Return Date: <u>4-24-26</u> Time: <u>9:30</u> AM/PM <input checked="" type="radio"/>	Fee to be assessed to students: \$ <u>0</u> <small>Attach Student Activity Cost Form 09.15 AP.23</small>	<small>Attach a copy of Charter Bus Contract.</small>
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)	Name & Location: _____ Name & Location: _____
Over Night	Date: <u>4/20/26 through</u>	Lodging: <u>Drury Inn and Suites Brentwood</u>
	Date: <u>4/24/26</u>	Lodging: <u>8700 Eager Rd, Brentwood, MO</u>

Trip Purpose and Core Content/learning targets: Robotic Field Trip, World Competition

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: Kelli Lang
 School Nurse Initials: SW for verification that medications administrator listed above received training.
 Due Date: 4/13/26 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)

- N/A I have viewed the field trip video for teachers/sponsors/coaches found on the district website
- KNL I have attached an anticipated Trip Itinerary
- KNL I have evaluated the trip site for potential hazards/special requirements
- KNL 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.
- N/A Funds have been secured for indigent students
- N/A If needed, background checks for chaperone approval have been initiated
- KNL 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: Kelli Lang Date: 3-11-26

School-Related Student Trip Request Form**EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)
FOR ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS**Destination/Venue: America's Center Convention Complex, St. Louis, MOVenue Address: 701 Convention Plaza, St. Louis, MOPerson or email contacted at venue to discuss EAP: support@recf.orgPosition/Title of person contacted: Hallie Bergner, Event ManagerDate (s) of contact: 3/9/26 - 3/10/26Is there an Automatic External Defibrillator (AED) on site yes no? Is it regularly maintained? yes no? If yes, where is it located? First Aid Rooms, Facility Offices (see map)Does venue have an emergency response team (ERT) yes no?Process to request AED and/or ERT if needed at the scene: Find/notify any RECF staff member, facility employee, safety officer, policeWill 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: Daniel Weston Date: 03/12/26○ Required for all trips.

○ Superintendent/Designee: _____ Date: _____

○ Overnight Trips

○ Board of Education: _____ Meeting Date: _____

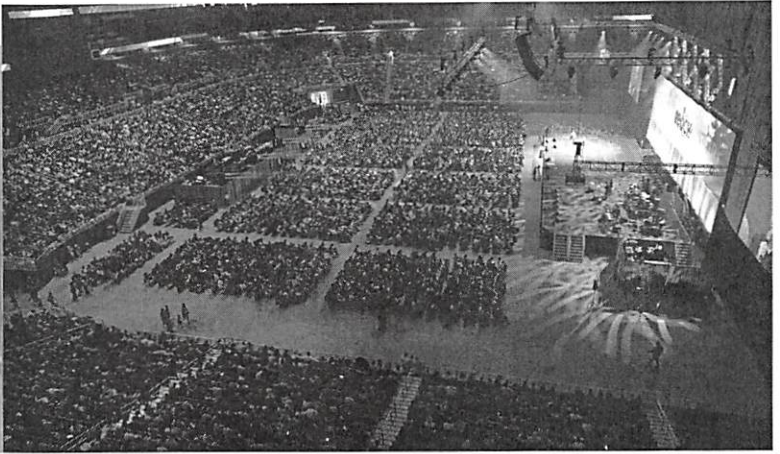
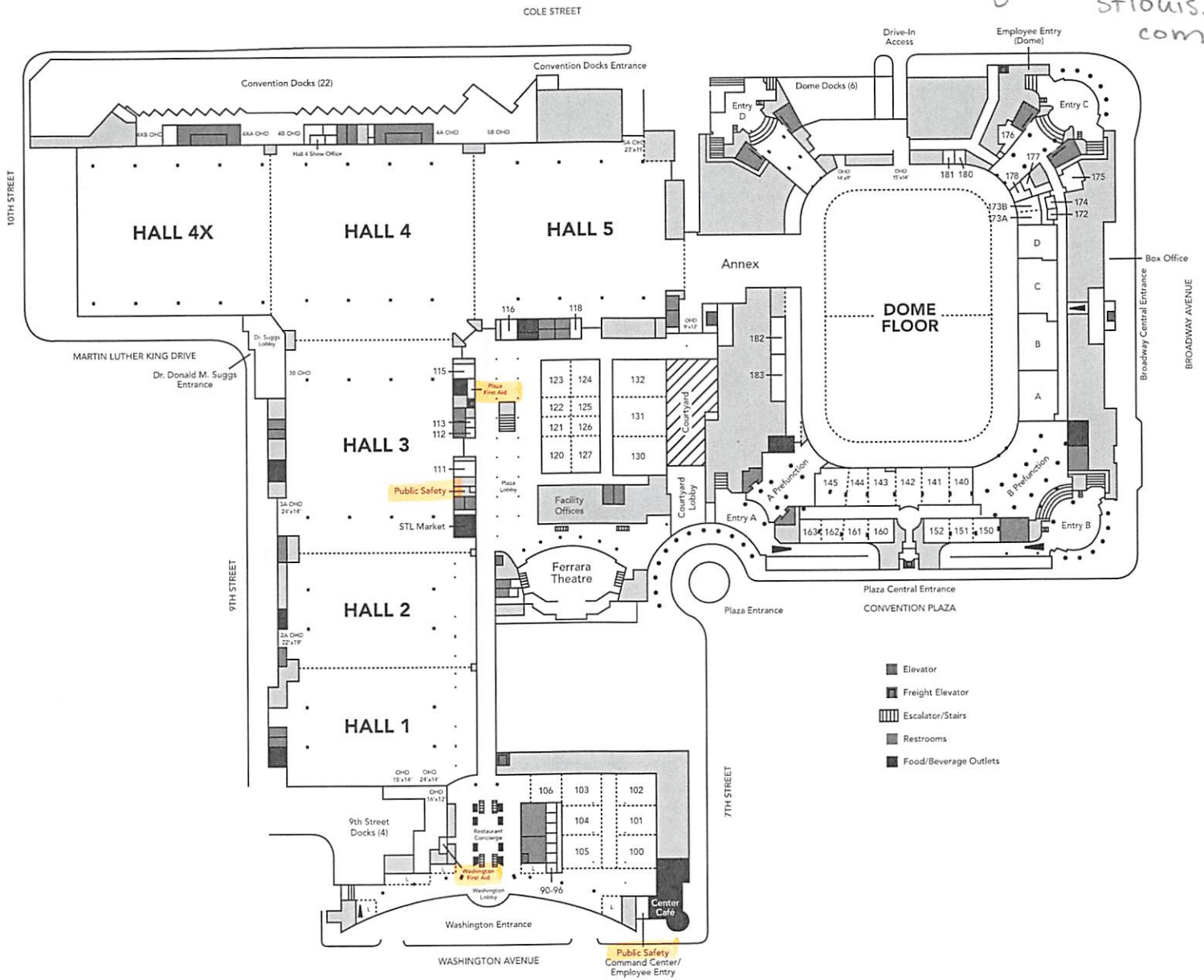
○ Submit forms to Superintendent/Designee for review and submission to the Board for approval.

○ 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.*

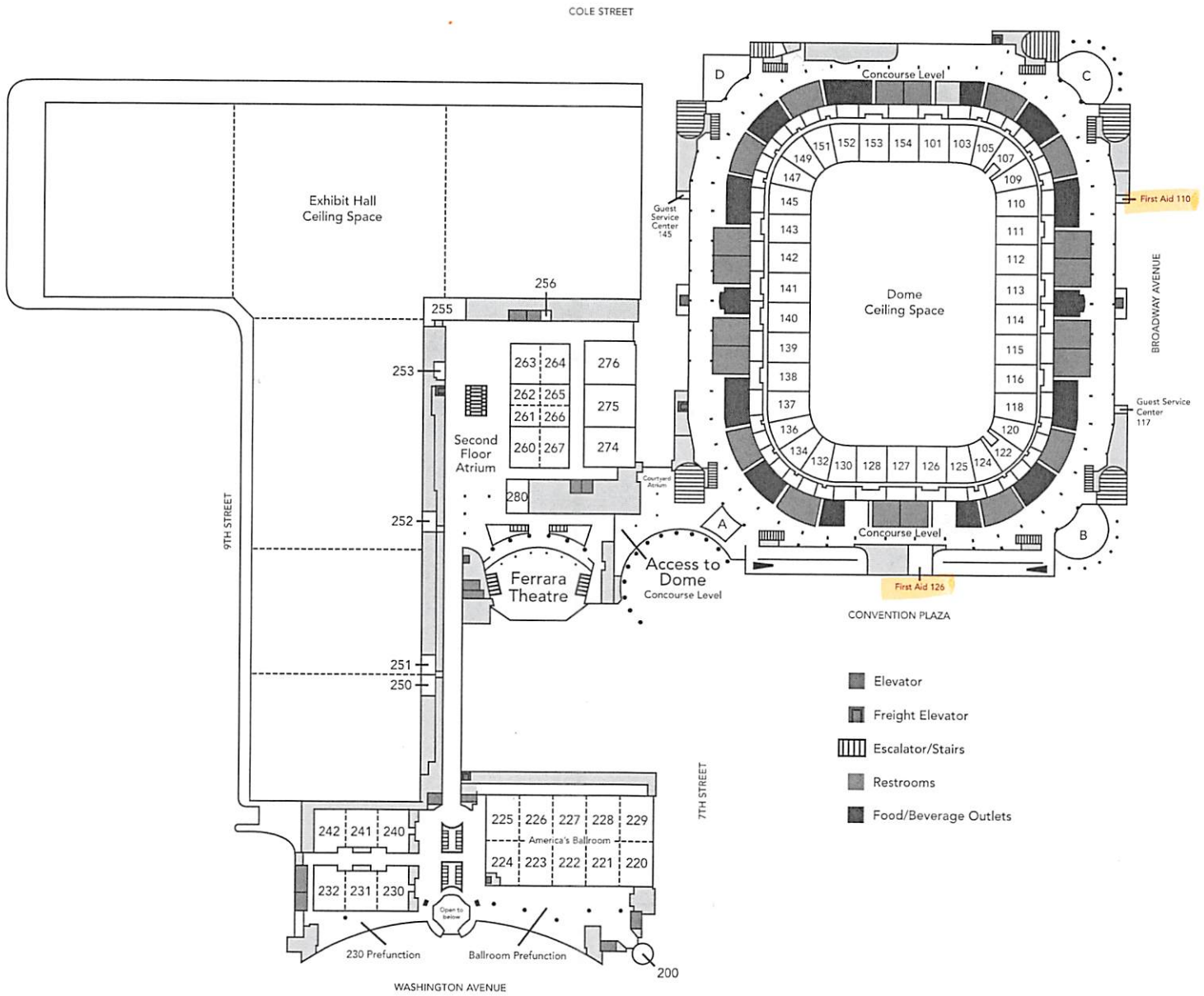
→ (800) 916-8938
 event manager
 Hallie Bergner
 (314) 342-5153
 hbergner@explore
 stlouis.
 com

LEVEL 1

574,000 sq. ft. of contiguous exhibit space
 (when the Annex and Dome floors are used for exhibits)



LEVEL 2



Second Floor Atrium

DIMENSION	TOTAL SQ. FT.	CEILING HEIGHT	BANQUET
270'x88'	23,760	20'6"/25'8"	1,000

Stairs/escalators located in center of Second Floor Atrium. Reception 1,700.

Level 3

