

Adamisin, Teresa

From: Humphrey, Kerry
Sent: Tuesday, April 21, 2026 3:22 PM
To: Adamisin, Teresa
Subject: Clarification on Transportation Approval for NKU Field Trip (April 24)

Dear Teresa,

I hope you are doing well.

I am reaching out regarding transportation approval for our upcoming field trip to Northern Kentucky University on Friday, April 24. Ginger Locklear advised me to contact you for clarification.

Our field trip was approved by the board in early March. However, I was contacted early last week by Marsha Kelly and informed that Boone County Schools transportation would not be able to accommodate our trip for that date.

Because of this, I reached out to Executive Charters, a company we have worked with several times in the past, and they are able to provide transportation for us this Friday.

I was then told that there may be a form or additional step required since this would be considered an outside vendor. I am a little unsure what is needed in this case, especially since Executive Charters is on the approved vendor list.

Would you be able to clarify if there is a specific form I need to complete or any additional steps required to finalize approval for this transportation? I want to make sure everything is handled correctly and in compliance.

Thank you very much for your help and guidance. I appreciate your time and support.

Best regards,
Kerry (Todd) Humphrey
Youth Service Coordinator
Boone County High School

Field Trip Planning Form

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

School: BCHS Grade(s): 9-12 Class/Activity Group/Team: YSC
 Teacher/Sponsor/Coach: Todd Humphrey Cell Phone Number: 859-443-5630
 Person trained with current medication administration training CPR/F/A/AED credential Yes

Destination Venue, Location and State: Northern Kentucky University

Trip Location Contact Person: Michael P. Guy Phone Number: 859-283-3239

Teachers: 1 # Students: 20 # Chaperones: 3 Adult/Student Ratio: 1:5

Date(s) & Times	Cost	Transportation
Departure Date: <u>4/24/2026</u> Time: <u>9:00 AM</u> AM/PM	Total Cost: \$ <u>0</u> Funding Source: _____	1 District Bus/Van <input checked="" type="checkbox"/> Charter Bus: <u>Executive Transportation Services</u>
Return Date: <u>4/24/2026</u> Time: <u>1:30 PM</u> AM/PM	Fee to be assessed to students: \$ <u>NONE</u> <small>Attach Student Activity Cost Form 09.15 AP.23</small>	Approved Bid - Company <u>KTH</u> Name <input type="checkbox"/> Other: <u>4/22/26</u> <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 School Cafeteria Packed <input type="checkbox"/> Consumed: <u>Student will eat on campus</u>	
	Student Purchase Restaurant <input checked="" type="checkbox"/> (Name and location of each stop)	Name & Location: <u>Student will eat on campus</u> Name & Location: <u>Student will eat on campus</u>
Over Night	Date: _____ Lodging: _____	
	Date: _____ Lodging: _____	

Trip Purpose and Core Content/Learning targets: Dr. James E. Randolph Initiative

Special Student Circumstances: Review rosters for students who require handicapped accessibility, students not participating, other: Yes

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: Todd Humphrey

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

Due Date: 4/1/26 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.
- KH I have attached an anticipated Trip Itinerary.
- KH I have evaluated the trip site for potential hazards/special requirements.
- KH 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.
- KH Funds have been secured for indigent students.
- KH If needed, background checks for chaperone approval have been initiated.
- KH 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: _____

School-Related Student Trip Request Form

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

Destination/Venue: Northern Kentucky University

Venue Address: Nunn Hall, University Dr. Highland Heights, KY 41099

Person or email contacted at venue to discuss EAP: guy1@nku.edu

Position/Title of person contacted: Director, NKU Pre-medical

Date (s) of contact: 10/15/2025

Is there an Automatic External Defibrillator (AED) on site yes no? Is it regularly maintained? yes no? If yes, where is it located? ^{Yes} See below

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

Process to request AED and/or ERT if needed at the scene: NKU Campus Police / AED Located in lobby and common areas.

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: 11/15/25

○ Required for all trips.

○ Superintendent/Designee: Kim Best Kim Best 4/23/26 Date: 11/17/25

○ 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.

Hello Kerry,

Please review the requested transportation quote below. This quote is subject to availability.

Outbound Trip

Date: April 24, 2026

Time: 8:30 AM

Vehicle Type: 14-passenger van

Pickup Location: Boone County High School, 7056 Burlington Pike, 41042

Destination: NKU (TBA)

Estimated Cost: \$162.68 per van (\$325.36 total for two vans)

Return Trip

Date: April 24, 2026

Time: 1:30 PM

Vehicle Type: 14-passenger van

Pickup Location: NKU (TBA)

Destination: Boone County High School, 7056 Burlington Pike, 41042

Estimated Cost: \$162.68 per van (\$325.36 total for two vans)

The estimated total for all four vans will be \$650.72.

Cancellation is 2 hours prior to pick up.

A credit card is required at the time of scheduling.

Please let me know if you have any questions or if you would like to proceed with this booking.

Best regards,

BECKY CASSON

OFFICE MANAGER

Executive Transportation

Office: 859.261.8841 | Fax: 859.261.8485

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www.executivetransportation.org

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