

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: Cross Country
 Teacher/Sponsor/Coach: Shawn Proffitt Cell Phone Number: 407-883-9470
 Person trained with current medication administration training CPR/FA/AED credential Yes Shawn Proffitt

Destination Venue, Location and State: Michigan State University, East Landing MI

Trip Location Contact Person: ~~N/A~~ Bekah Smeltzer Phone Number: 517-355-1630

Teachers: 2 # Students: 48 # Chaperones: 8 Adult/Student Ratio: 1:5

Date(s) & Times	Cost	Transportation
Departure Date: <u>9/10/2026</u> Time: <u>0700</u> AM/PM Return Date: <u>9/13/2026</u> Time: <u>2200 est</u> AM/PM	Total Cost: \$ <u>18,000.00</u> Funding Source: _____ (2) XC Meets and Trip Fee Fee to be assessed to students: \$ <u>250.00</u> <i>Attach Student Activity Cost Form 09.15 AP.23</i>	<input type="checkbox"/> District Bus/Van <input type="checkbox"/> Charter Bus: Gold Shield _____ 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 type="checkbox"/> (Name and location of each stop)	Name & Location: <u>Michigan State University Cafeteria</u> Name & Location: <u>Hotel Breakfast/Chix Filet/BGSU Cafeteria</u>	
Over Night	Date: <u>9/10/2026</u>	Lodging: <u>Hampton Inn Howell MI</u>	
	Date: <u>9/12/2026</u>	Lodging: _____	

Trip Purpose and Core Content/learning targets: XC Meet and Campus Visit

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: TBD from Ryle HS Staff Shawn Proffitt

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

Due Date: 9/1/2026 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
- SRP I have attached an anticipated Trip Itinerary
- SRP I have evaluated the trip site for potential hazards/special requirements
- SRP 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.
- SRP Funds have been secured for indigent students
- SRP If needed, background checks for chaperone approval have been initiated
- SRP 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: Shawn R. Proffitt Date: 03/31/2026

School-Related Student Trip Request Form

EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)

FOR

ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue Michigan State University

Venue Address Forest Acres Golf Course

Person or email contacted at venue to discuss EAP Taking one with us

Position/Title of person contacted Bekah Smeltzer (Director of Op) MSU

Date (s) of contact 3/31/2026

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 _____

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? Shawn Proffitt

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: 4/2/26

○ Required for all trips

○ Superintendent/Designee: _____ Date: _____

○ Overnight Trips

○ Board of Education: _____ Meeting Date: _____

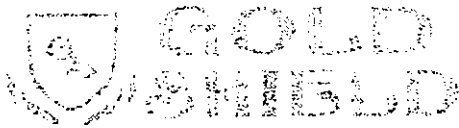
○ Submit forms to Superintendent/Designee for review and submission to the Board for approval.

○ 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.*



Booking Confirmation

Gold Shield Limousine Co Inc

PO BOX 2145
Lexington, KY 40588

800-205-7330
goldshield@goldshieldcars.com
www.goldshieldcars.com

RESERVATION SUMMARY	
Confirmation #:	383127
Trip Date:	09/10/2026
Type/Category:	Multiple Day Job/Hourly Rental
Billing Terms:	Billing / Account
Credit Card #:	
Booked Date:	02/18/2026 11:08 AM

DETAILS	
Confirmation # 383127	Passenger (#): Shawn Proffitt Ryle High School Cross Country (56)
Customer Name: Ryle High School Cross Country/Shawn Proffitt	Phone:
Phone #: 407-883-9470	# Bags:
Corporate Client:	Vehicle Type: Passenger Bus
Ref PO/CC:	
Ordered By:	

NOTES AND PREFERENCES	
Preferences:	Thursday Sept 10
	0800 Leave Union KY
	1100 Lunch Stop Toledo, OH area
	1330 Arrive East Lansing, MI area
Trip Notes:	Friday Sept 11
	Morning: East lansing area travel... to and from race that
	Evening: local bowling alley fun etc
	Saturday Sept 12
	College football game at Michigan State University
	Noon game... travel back after game

PASSENGER/ADDITIONAL STOP INFORMATION	
Pick-Up Address:	09/10/2026 8:00 AM 10379 U.S. 42 Union, KY 41091 United States
Drop-Off Address:	09/12/2026 10:00 PM 10379 U.S. 42 Union, KY 41091 United States

ESTIMATED CHARGES	
Base Charges	\$6,695.00
TOTAL:	\$6,695.00

PAYMENTS, DEPOSITS & ADJUSTMENTS

0.00

Thank you for choosing Gold Shield Limousine Co Inc**TERMS AND CONDITIONS**

THE PRICE QUOTED AT THE TIME OF MAKING YOUR RESERVATION IS SOLEY A QUOTE BASED UPON THE TIMES AND INFORMATION YOU PROVIDED. ANY OVERAGE TIME THAT IS INCURRED FROM UTILIZING THE VEHICLE PAST THE ORIGINAL RESERVATION TIMES WILL BE CHARGED ACCORDINGLY UPON COMPLETION OF THE JOB.

In order to ensure Gold Shield Transportation maintains the highest levels of professional services and safety there is a suggested gratuity for driver(s) are general guidelines/rules that must be adhered to. The following activities and/or items are not allowed inside of any vehicles: under age alcohol consumption, illegal drugs, any and all criminal activity, pornographic material or acts, and disrespectful or discourteous behavior. If further clarification is needed, please contact us. Gold Shield Transportation puts your safety first. Additional policies are shown below:

1. All vehicles owned and/or operated by Gold Shield Transportation are designated as NON-SMOKING, a \$450 fee will be charged if guests smoke in a Gold Shield owned vehicle.
2. All vehicles are thoroughly cleaned and checked for damage prior to each engagement. The client shall be responsible for any cleaning or repairs which may be required due to any act of negligence or disregard by the client or by the client's guests. Gold Shield charges a \$450 clean up fee for any client or client's guest who get sick in the vehicle. In the event damages to the interior or exterior are caused by client or client's guests. Gold Shield may exercise the right to charge the client accordingly or to pursue any and all means to exact monies due and owing from client from gross negligence.
3. Any time past the arranged drop-off time will be an additional charge in 30-minute increments for all reservations. Transfer/point trips are given a 15-minute grace period from the scheduled pick-up time, if client is not in the vehicle within that 15-minute grace period the trip will change to an hourly reservation.
4. Client agrees that the Gold Shield Transportation shall not be held liable for any damages arising out of inability to perform due to inclement weather, mechanical or electrical difficulties, delays due to any type of traffic conditions, or any unforeseen events beyond the reasonable control during normal driving conditions.
5. Gold Shield Transportation cannot be held liable for items left in any vehicle. Please inspect the vehicle prior to dismissal.
6. Gold Shield Transportation reserves the right to immediately terminate the job, for all parties in attendance for the use of illegal substances and/or any illegal activity, or any guest is a danger to themself or others. There will be no refund of any monies to the client, due to the negligent behavior of the passengers.
7. CANCELLATION POLICY: Cancellations must be emailed to goldshield@goldshieldcars.com or called into dispatch at 859-255-6388
Cancellation fee is 100% of the total rental price for hourly jobs if not made 24 hours in advance, airport transfers have a 2-hour cancellation policy,
Buses (Shuttle buses/Mini buses and motor coaches 54 and 56 passenger) Cancellations must be made 30 days prior to job date to receive refund of deposit.
8. NO ONE UNDER 21 IS ALLOWED TO CONSUME ALCOHOL IN OUR VEHICLES
9. Client understands that Gold Shield Transportation shall not be responsible for any items left in the vehicle or the safe keeping of any item(s)
10. UNUSUAL CLEANING: If, during or after the Transportation Service the Service Provider is required to expend a greater than normal amount of time and materials cleaning the Equipment properly due to acts of the Passengers, The Company, at its option, may require additional cost to cover each additional time and material.
11. ARRIVAL TIME: The time of arrival at starting point, stop-over point, destination or return to point of origin cannot be guaranteed. Travel routes will be established by the Service Provider and requests for specific routes by the Chartering Party will be at the Service Providers discretion. Travel speeds at all times at speeds compatible with safe operation. Road, traffic and weather and no refunds shall be given as a result of late arrivals due to such conditions or other occurrences out of the control of The Company or the Service provider.
12. Electronic equipment is provided complimentary in our vehicles. Gold Shield attempts to keep all electronics in proper working order. In the event the electronics stop functioning, the driver will attempt to troubleshoot the issue. Refunds will not be offered due to electronics malfunctioning.