

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): multi Class/Activity Group/Team: Dance Team
 Teacher/Sponsor/Coach: Shannon Cheatham Cell Phone Number: 859-816-3341
 Person trained with current medication administration training CPR/FA/AED credential Shannon Cheatham, Matt Schafer, JoBeth Shafer

Destination Venue, Location and State: Oahu, Hawaii
 Trip Location Contact Person: David Millwood Phone Number: 808-234-9496

Teachers: 4 # Students: 16 # Chaperones: 12 Adult/Student Ratio: 1:1

Date(s) & Times		Cost	Transportation
Departure Date: <u>April 2, 2027</u>		Total Cost: \$ <u>140,000</u>	<input type="checkbox"/> District Bus/Van
Time: <u>morning</u> AM/PM		Funding Source: <u>parent paid</u> <small>fundraising to offset student cost and pay for coaches and admin</small>	<input type="checkbox"/> Charter Bus:
Return Date: <u>April 10, 2027</u>		Fee to be assessed to students:	Approved Bid – Company Name
Time: <u>afternoon/evening</u> AM/PM		\$ <u>3500</u>	<input type="checkbox"/> Other: <u>flights</u>
		<i>Attach Student Activity Cost Form 09.15 AP.23</i>	<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: _____
	School Cafeteria Packed <input type="checkbox"/>	Name & Location: <u>Locations will vary</u>	
	Student Purchase Restaurant <input type="checkbox"/> (Name and location of each stop)	Name & Location:	
Over Night	Date: <u>April 2, 2027</u>	Lodging: <u>Hyatt Place Waikiki</u>	
	Date: <u>April 9, 2027</u>	Lodging:	

Trip Purpose and Core Content/learning targets: Perform at Pearl Harbor

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: Shannon Cheatham, Matt Schafer, JoBeth Shafer, Jessica Kosinski

School Nurse Initials: SW 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
- SC I have attached an anticipated Trip Itinerary
- SC I have evaluated the trip site for potential hazards/special requirements
- SC 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.
- SC Funds have been secured for indigent students
- SC If needed, background checks for chaperone approval have been initiated
- SC 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: Shannon Cheatham Date: April 22, 2026

School-Related Student Trip Request Form

**EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)
FOR**

ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue Hyatt Place Waikiki

Venue Address 175 Paoakalani Ave, Honolulu HI 96815

Person or email contacted at venue to discuss EAP David Millwood

Position/Title of person contacted owner of company putting together the package

Date (s) of contact 11/2/2026

Is there an Automatic External Defibrillator (AED) on site yes no? Is it regularly maintained? yes no? If yes, where is it located? Behind lobby in office

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

Process to request AED and/or ERT if needed at the scene We will ~~be~~ travel with one (IF WE NEED ONE WE can call front desk)

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? Matt Schaefer, Shannon Christian

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: 4/23/26

○ 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.

RYLE DANCE TEAM

HAWAII 2027

Possible Hawaii Itinerary

DAY 1
APRIL 2

- Flights out of CVG, land in Oahu in the afternoon
- Check into hotel
- Small group shopping and sightseeing in Waikiki
- Orientation dinner and briefing

DAY 2
APRIL 3

- Alaloa Stadium, Dole Plantation, lunch in North Shore
- Polynesian Culture Center for afternoon and HA show in evening

DAY 3
APRIL 4

- Kualoa Ranch, Polynesian Cultural presentation
- Secret Island beach activities
- Small group shopping and sightseeing in Waikiki

DAY 4
APRIL 5

- Remember the Heroes Performance at Pearl Harbor
- Honolulu City Tour
- Small group shopping and sightseeing

DAY 5
APRIL 6

- Diamond Head Crater Hike
- Small group shopping and sightseeing
- Dinner at Queen's Surf Beach

DAY 6
APRIL 7

- free day to explore

DAY 7
APRIL 8

- Catamaran Boat Tour
- Small group shopping and sightseeing
- Nutridge Estate Luau

DAY 8
APRIL 9

- Checkout of hotel
- Small group shopping and sightseeing
- Depart for airport
- Flights home

DAY 9
APRIL 10

- Flight to CVG