Field Trip Planning Form

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

School: RCHS Grade(s): 9-12 Class/Activity Group/Team: Girls Soccer (V)

Teacher/Sponsor/Coach: Amadeus Sparks Cell Phone Number: 513-609-6969

Person trained with current medication administration training CPR/FA/AED credential Amadeus Sparks

Destination Venue, Location and State: Rocky Top Sports World TN

Trip Location Contact Person: Zach Phone Number: 856-721-8532

Teachers: 4 # Students: 24 # Chaperones: 0 Adult/Student Ratio: 1/6

Date(s) & Times	Cost	Transportation
Departure Date: 8/28/26 Time: 12:00 AM/PM Return Date: 8/30/26 Time: 8:30 AM/PM	Total Cost: $ 3,000 Funding Source: Girls Soccer Fee to be assessed to students: $ 0 *Attach Student Activity Cost Form 09.15 AP.23*	☐ District Bus/Van ☐ Charter Bus: Approved Bid – Company Name ☒ Other: Parent *Attach a copy of Charter Bus Contract.*

Meals	At school prior to departure ☒ Student Packed ☐ School Cafeteria Packed ☐	Location where packed lunches will be Consumed:
	Student Purchase Restaurant ☐ (Name and location of each stop)	Name & Location:
		Name & Location:
Over Night	Date: 8/28/26	Lodging: TBD 368 Cherokee Orchard Rd.
	Date: 8/29/26	Lodging: TBD 368 Cherokee Orchard Rd.

Trip Purpose and Core Content/learning targets: Prep for season

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: Amadeus Sparks

School Nurse Initials: SV 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 AS I have viewed the field trip video for teachers/sponsors/coaches found on the district website.

AS I have attached an anticipated Trip Itinerary. See Back

AS I have evaluated the trip site for potential hazards/special requirements.

AS 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.

AS Funds have been secured for indigent students.

AS If needed, background checks for chaperone approval have been initiated.

AS Plans have been made for students who currently have medication orders on file at the school, to receive routine medications (trained employee for KY trips and states where approved, nurse, or parent attending):

Teacher/Sponsor/Coach Signature: Amadeus Sparks Date: 6/16/26

School-Related Student Trip Request Form

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

Destination/Venue: ROCKY TOP Sports WORLD

Venue Address: 1870 Sports World Blvd, Gatlinburg TN, 37738

Person or email contacted at venue to discuss EAP: Zach 856-721-8532

Position/Title of person contacted: Unknown

Date (s) of contact: July 1st

Is there an Automatic External Defibrillator (AED) on site ☒ yes ☐ no? Is it regularly maintained? ☒ yes ☐ no? If yes, where is it located? One with every Trainer-(Fields 1,5,6,7

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

Process to request AED and/or ERT if needed at the scene: Request Trainer

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? Amadeus Sparks

Is any other assigned emergency equipment available on field trip? ☒ yes ☐ no

If so, list location of equipment First Aid in team Bags

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:

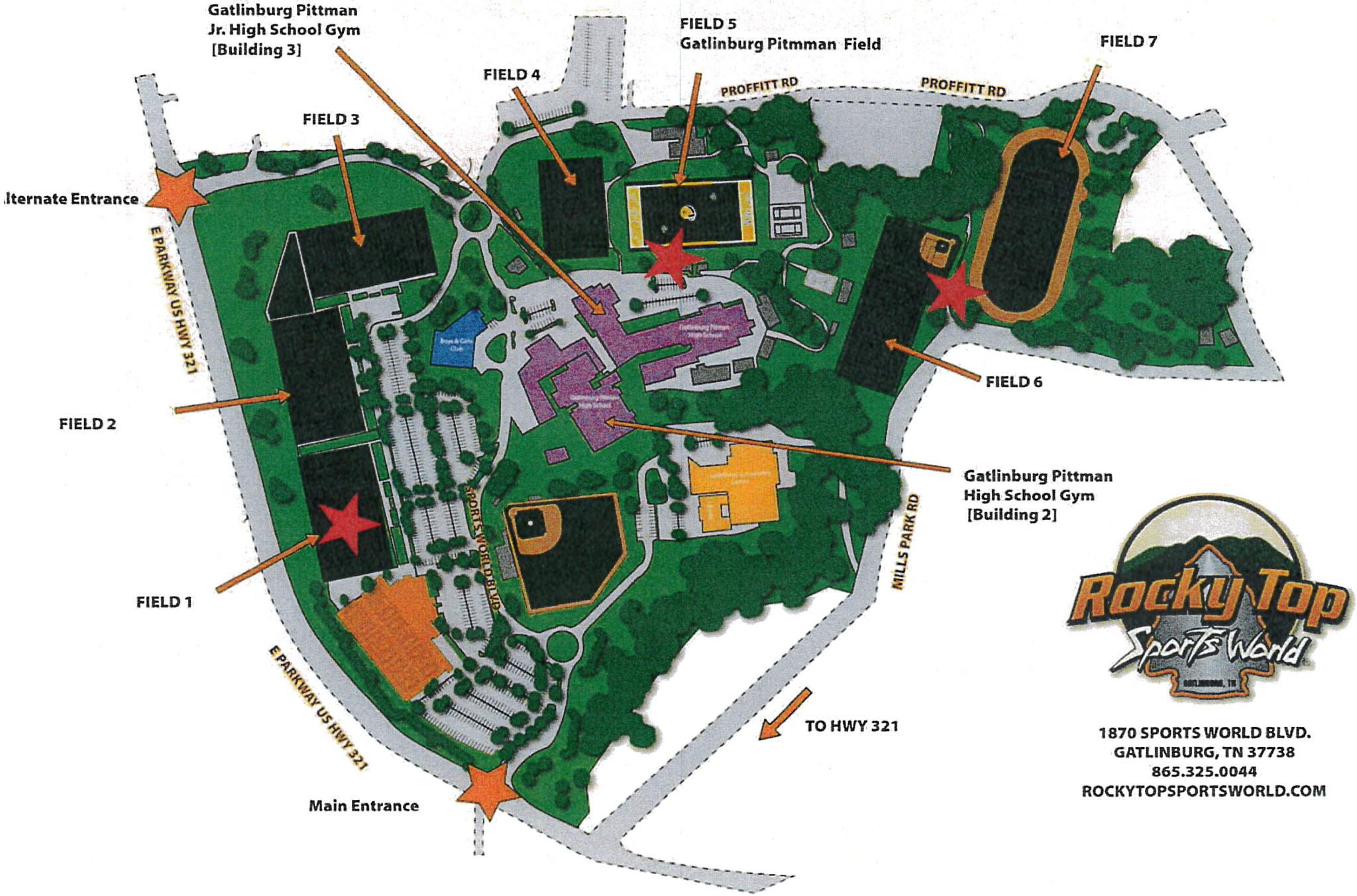
- Location of AEDs.
- If possible, how to gain access.
- Steps that must be taken quickly to initiate the chain of survival.
  - Recognition of a sudden cardiac arrest event (assume cardiac arrest in anyone who is collapsed and unresponsive and not breathing).
  - Call 911 using cell phone or other means 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 Wilson Date: 07/23/24
- ☐ 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.*



Rocky Top Sports World

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