Field Trip Planning Form

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

School: Boone County High School Grade(s): 7-12 Class/Activity Group/Team: Girls Soccer

Teacher/Sponsor/Coach: Ben Lighthall Cell Phone Number: 513-607-0823

Person trained with current medication administration training CPR/FA/AED credential Lighthall, J Bartley, B Mullis B. mullins

Destination Venue, Location and State: Rocky Top Sports World, 1870 Sports World Blvd, Gatlinburg, TN 37738

Trip Location Contact Person: Zach Schrandt Phone Number: 865-712-8532

Teachers: 4 # Students: 20 # Chaperones: 0 Adult/Student Ratio: 1/5

Date(s) & Times	Cost	Transportation
Departure Date: 8/28/26 Time: 3 PM AM/PM Return Date: 8/30/26 Time: 8 PM AM/PM	Total Cost: $ 4,500 Funding Source: Boone County 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 Transport *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: TBD	
		Name & Location: TBD	
Over Night	Date: 8/28	Lodging: River Terrace Resort, 240 River Rd, Gatlinburg, TN	
	Date: 8/29	Lodging: River Terrace Resort, 240 River Rd, Gatlinburg, TN	

Trip Purpose and Core Content/learning targets: Soccer Tournament and Team Culture Building

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

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: Lighthall, J Bartley, B Mullis B. mullins

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

Due Date: 8/7/26 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

x BL I have attached an anticipated Trip Itinerary

x BL I have evaluated the trip site for potential hazards/special requirements

x BL 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.

x BL Funds have been secured for indigent students

x BL If needed, background checks for chaperone approval have been initiated

x BL 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: Ben Lighthall Date: June 10, 2026

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

Person or email contacted at venue to discuss EAP Zach Schrandt

Position/Title of person contacted Co-Founder and Director of the High Scl

Date (s) of contact 6/10/26

Is there an Automatic External Defibrillator (AED) on site ☑ yes ☐ no? Is it regularly maintained? ☑ yes ☐ no? If yes, where is it located? Ben Lighthall

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

Process to request AED and/or ERT if needed at the scene Contact one of trainers/paramedics
One is at Field 1, another is mobile between fields 2 and 3 with another between fields 6 & 7.

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? Ben Lighthall

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

If so, list location of equipment Cold Immersion tub at Field 1, First Aid supplies with paramedics/ATCs

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.

o APPROVAL SIGNATURES REQUIRED

o CHECK ALL BOXES BELOW THAT APPLY TO THIS TRIP REQUEST AND SECURE ALL REQUIRED SIGNATURES

o Principal: Stacey Black Date: 7/14/26

o ☐ Required for all trips

o Superintendent/Designee: _____ Date: _____

o ☐ Overnight Trips

o Board of Education: _____ Meeting Date: _____

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

o ☐ Travel outside the Tri-State area of KY, OH, IN

o ☐ Common Carrier contract including cost

o ☐ Common Carrier Transportation Reason for using a Charter Bus/Plane: _____

o *All field trip forms requiring Board approval must be completed and submitted by Deadline for next Board meeting.*

Varsity

2026 Fall Smoky Mountain Cup - 8/28/26 - 8/30/26

Aug 28 - 30, 2026
Gatlinburg, TN • Pigeon Forge, TN

se tourney

Install the mobile app for this event at: tourneymachine.com

Boone County High School, KY (0 - 0)

Varsity

Schedule

Saturday, August 29, 2026							
Game	**Time**	**Location**	**Home**	**Score**		**Away**	
P24	9:00 AM	Rocky Top Sports World - Field 6	Boone County High School, KY			Rockwood High School, TN	
P42	2:30 PM	Rocky Top Sports World - Field 7	Jackson County High School, TN			Boone County High School, KY	
Sunday, August 30, 2026							
Game	**Time**	**Location**	**Home**	**Score**		**Away**	
P59	10:50 AM	Pigeon Forge High School - Field 1 - Football	Loudon High School, TN			Boone County High School, KY	