INSTRUCTIONAL FIELD TRIP REQUEST
COVINGTON INDEPENDENT PUBLIC SCHOOLS

CODE_____ **BILL TO:**_____
(MUST HAVE CODE OR BILLING INFORMATION BEFORE BUS IS CONFIRMED)

ALL FIELD TRIP REQUESTS MUST BE RECEIVED IN TRANSPORTATION TWO WEEKS PRIOR TO THE TRIP

LOGISTICAL INFORMATION (teacher and/or principal)

Teacher's Name Peyton Mullins Cell Phone# 513-403-1564

School Holmes High School Grade: 9-12 No. of Students 12 #Adults 2

TOTAL BUS CAPACITY: K thru 5 = 64 passengers 6 – 12 = 50 passengers

DATE OF TRIP January 27-31 **DESTINATION** Orlando, Florida

Pick Up Location none **Return Location** none

Departure time (from school) none **Return Time (arrive at school)** none

Supervisor(s) other than Teacher Male, district approved chaperone TBD

DESCRIPTION (completed by Teacher). Please state the instructional goal of this field trip. If this trip meets the qualifications of the arts and humanities or practical living program review, all related documentation should be completed and filed with the school. attached - Sports + Entertainment marketing conference standards

HEALTH CARE NEEDS

Are any students attending this trip in a wheel chair? YES_____ NO X Number of Wheelchairs 0
Number of Harnesses 0

Does any student on this trip require special medical treatment? Have any specific allergies that would require medication to be given? YES_____ NO ✓. If yes, complete below or attach documentation with the student name and medical condition.
All medical information attached

EMERGENCY ACTION PLAN (EAP)
Destination Universal Orlando Resort Address 6550 Adventure Way Orlando, FL 32819
Contact Person at venue to discuss EAP Head of Safety, varies by shift
Position/Title of contact person _____ Date(s) of contact 10/6/26
Is there an Automatic External Defibrillator (AED) on site at the venue? YES X NO_____
If yes, where is it located? front desk
What is the process to retrieve the AED and alert the emergency response team at the venue? _____
Call front desk, call 911
Will a portable AED be taken from school on this trip? YES X NO_____
If yes, who will be responsible for oversight and location of AED? Peyton Mullins
What other emergency equipment, if any, is available at the venue? First aid
List location of equipment front desk

The lead chaperone/school personnel attending the field trip is responsible for ensuring these components are the EAP are in place and communicated to all chaperones/school personnel on the trip:

- Provide copy of venue's specific EAP to all personnel attending the field trip
- Location and accessibility of AED's at the venue
- 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
- Continue supporting the victim until EMS arrives and takes over care
- Notify Director of Health Services and Central Office as soon as reasonably possible, after EMS has taken over care of the patient.

NURSE SIGNATURE Paige Miranda, RN **DATE** 10/7/26

INSTRUCTIONAL APPROVAL

PRINCIPAL [signature] **DATE** 10-6-26

DIRECTOR (if applicable) **DATE**

TO BE COMPLETED BY TRANSPORTATION

Driver_____ Trip#_____ Bus#_____ Trip Date_____

Time (Lot) Out_____ Time (Lot) In_____ #Trip Hours_____

Odometer Out_____ Odometer In_____ Miles_____

Teacher/Coach/Sponsor Sign_____ Driver Sign_____

NO bus needed

Bus Evacuation High School Only

Driver Signature