FIELD TRIP/EXCURSION PERMISSION FORM

_____ will participate in the following school-sponsored off-campus activity:
(Student Name)

Name of Activity or Destination of Trip: Thetford Academy Visit Day	Date of Activity: 11/10/25
Departure Time: 8:00am	Return Time: 12:00pm
Other Details (if applicable): Please have student bring a bagged lunch if they do not want to eat complimentary lunch at TA	
The trip/excursion objective is to: Learn more about Thetford Academy's programs as a high school option We will be eating lunch at TA. Students can order complementary lunch from TA cafe or bring their own lunch from home.	

I understand the following information and conditions:

- There are risks associated with any activity. The school will take reasonable precautions for the safety and well-being of all students, but cannot be responsible for unforeseeable injuries that could not have been prevented by reasonable care.
- My child must follow all the rules and instructions related to the safety and protection of the participants. Failure to comply could exclude my child from participating in this activity.
- If my child leaves or is asked to leave the activity for reasons other than illness or injury, I will bear any cost for additional transportation.

I give permission for my child to participate in this activity:

Parent/Guardian Name (print):	Additional Parent/Guardian/Emergency Contact (print):
Parent/Guardian Signature:	Parent/Guardian Signature:
Home Phone or Cell Phone:	Home Phone or Cell Phone:
Work Phone:	Work Phone:
Please list/include any medical concerns chaperones should be aware of if applicable:	
Allergies:	
Medications:	
Chronic Medical Concerns:	
Other Items of Concern:	

- Please read and sign this form. Please read and sign this form. If you have any questions, please reach out to Rachel Stanton - rstanon@lymeschool.org
- If you have more than one child participating, complete a form for each child.

PLEASE RETURN THIS FORM TO MRS. STANTON no later than 11/6/25