



# Southampton Academy

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## Permission Form for Health Screenings/Discussions

(Please fill out a form for each student in your family each year.)

Student: \_\_\_\_\_

Grade: \_\_\_\_\_

### Circle Appropriate Response:

- Vision/Hearing (K, 3, 7, and 10):                      May Participate                      May Not Participate
- Hygiene, Growth & Development (Gr 5):                      May Participate                      May Not Participate
- Heights/Weights (K – 5th):                      May Participate                      May Not Participate
- Family Life/Sex Education (Grades 8-12):                      May Participate                      May Not Participate

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_