



Southampton Academy

26495 OLD PLANK ROAD, COURTLAND, VIRGINIA 23837
(757) 653-2512 • FAX (757) 653-0011

Permission Form for Health Screenings/Classes

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

Student: _____

Grade: _____

Circle Appropriate Response:

- | | | |
|--------------------------------------------|-----------------|---------------------|
| • Vision/Hearing (Gr. K, 3, 7, and 10): | May Participate | May Not Participate |
| • Hygiene (Grade 4): | May Participate | May Not Participate |
| • Growth & Development (Grade 5): | May Participate | May Not Participate |
| • Heights/Weights (PK3 – 5th): | May Participate | May Not Participate |
| • Family Life/Sex Education (Grades 6-12): | May Participate | May Not Participate |

Parent(s) Signature: _____ Date: _____