



Southampton Academy

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

Permission Form for Health Screenings/Discussions

(Please fill out a form for each student only if applicable to the student's grade level.)

Student: _____

Grade: _____

Circle Appropriate Response:

- | | | |
|---|-----------------|---------------------|
| • Vision/Hearing (K, 3, 7, and 10): | May Participate | May Not Participate |
| • Hygiene Discussion (Gr 4) | May Participate | May Not Participate |
| • Hygiene, Growth & Development (Gr 5): | May Participate | May Not Participate |
| • Heights/Weights (K – 5 th): | May Participate | May Not Participate |
| • Hygiene Discussion (6 th – 8 th) | May Participate | May Not Participate |
| • Family Life/Sex Education (Gr 8): | May Participate | May Not Participate |

Parent(s) Signature: _____ Date: _____