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 – 5th): May Participate May Not Participate
- Hygiene Discussion (6th – 8th): May Participate May Not Participate
- Family Life/Sex Education (Gr 8): May Participate May Not Participate

Parent(s) Signature: ____________________________ Date: _______________

ACCREDITED BY THE VIRGINIA ASSOCIATION OF INDEPENDENT SCHOOLS AND SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS