

# FUQUA SCHOOL

P.O. Drawer 328  
605 Fuqua Drive  
Farmville, Virginia 29301  
(434)392-4131 (800)214-3460

## PARENTAL CONSENT

### I authorize and give permission: (check all that apply)

\_\_\_\_\_ 1. for my child to participate in LOCAL educational field trips as scheduled by school officials during the school session.  
(Note: For out of town trips, parents will be asked to sign a separate permission slip.)

\_\_\_\_\_ 2. for my child to swim in the Fuqua School pool during Fuqua School sponsored events and classes.

My child is a \_\_\_\_\_ non-swimmer                      \_\_\_\_\_ intermediate swimmer  
                         \_\_\_\_\_ beginning swimmer                      \_\_\_\_\_ advanced swimmer

\_\_\_\_\_ 3. for my child to participate in Fuqua School intramural activities.

\_\_\_\_\_ 4. for my child to be photographed on the Fuqua School campus or while participating in school-related activities, to appear in school videotapes, school publications including the yearbook, and school news releases.

\_\_\_\_\_ 5. for my child to have health screenings (i.e. hearing, vision, speech/language).

### List all individuals, including addresses, phone numbers, and relationships, who have permission to pick up your child from school.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

### List any individuals who, through legal action, are not allowed to have contact with your child or to pick up your child from school. Please provide a recent photograph of these persons. Attach copies of related legal documents.

\_\_\_\_\_  
\_\_\_\_\_

√ \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date