

SCOLIOSIS SCREENING PERMISSION LETTER

Dear Parent/Guardian

Scoliosis screening will be conducted in 7th and 8th grade P.E. classes under the direction of the District's School Nurses. Ecker Hill International Middle School student's will be screened on February 23, 24, 25, and March 2nd.

The purpose of scoliosis, or postural screening, is to detect signs of spinal curvature at the earliest stages so that the need for treatment can be determined. Scoliosis is a side-to-side curve of the spine and is the most common spinal abnormality. It is usually detected in childhood or early adolescence. Most cases of spinal curvature are mild and require only ongoing observation by a physician after the diagnosis has been made. Early treatment can prevent the development of a severe deformity, which can later affect the health, and appearance of the child.

The procedure for screening is simple. Your child's back will be observed while he/she stands and bends forward. For this screening, boys and girls will be screened separately, in a private area. The students will be required to expose their backs so the spine can be viewed. Girls must wear a sports bra or bathing suit top. Shoes must be removed.

You will be notified ONLY if medical evaluation is recommended. Please note this screening does not take the place of the recommended annual physical by your health care provider.

Please return this form to the office only if you do not wish to have your student screened.

Anne Alexander RN
PCSD Nurse
645-5600 ext. 1752

_____ I do not want my student screened for scoliosis

Parent Signature _____ Date _____

Student Name _____

PE Period _____

PE Teacher _____