

MOUNT LAUREL TOWNSHIP PUBLIC SCHOOLS

Dear Parent/ Guardian,

There will be a screening program for scoliosis for all students who are ten years of age or older, as mandated by law.

Scoliosis is defined as a condition of the spine in which the spine may curve to the right or left. It is most commonly found during the time of rapid growth and may progress if not treated. The purpose of the screening program is to recognize scoliosis in its earliest stages.

The screening procedure is simple. The examiner, nurse will inspect your child's spine as he or she stands and bends forward. This will be a bare back examination. If a problem is suspected, parents will be notified and asked to have their child seen by their own physician for further evaluation.

If your child is under treatment for a spinal problem, or you would rather **not** have your child participate in the screening, please inform your school nurse by completing and returning this form. If you have any questions regarding the screening, please feel free to contact your school nurse.

Thank you for your cooperation.

Sincerely,

School Nurse

THIS FORM ONLY NEEDS TO BE RETURNED IF YOU DO NOT WANT YOUR
CHILD SCREENED.

I do not want _____ to participate in the scoliosis screening:
child's name

My child is currently under treatment: _____

My child was examined by our family physician: _____

Parent/Guardian Signature: _____

Child's Teacher: _____