

BERNARDS TOWNSHIP PUBLIC SCHOOLS
NURSE'S OFFICE

Parent Notification of Scoliosis Screening

March 1, 2010

Dear Parent/Guardian:

Scoliosis is a condition in which the spine may curve to the right or left. This commonly occurs during a child's rapid growth and may progress if not treated. The purpose of the screening program is to recognize symptoms of Scoliosis in its earliest stages. New Jersey State Law 18: 40-4.3 through N.J.S.A, 18: 40-4.5 requires scoliosis screening for ALL students ages ten through 18 (students who will be ten years of age by July 1, 2010).

The school nurses and physical education teachers will conduct scoliosis screening **March 8-12, 2010** during your child's health/physical education class. Parents will be notified in writing of any suspect problem. Any child with suspect problems will be re-evaluated by our school physician on a date to be later determined.

To ensure accurate examination of the spine, girls must wear an open-backed bathing suit or an undergarment that will allow for a full view of the back. Boys will be required to remove their shirts.

If you would like your child to be screened by the school, please sign below and return to the school nurse. ONLY those students with parental signatures will be screened by the school.

If you wish to be present at the time of the screening please notify the school nurse in writing.

Sincerely,

School Nurse

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Scoliosis Screening Request To Be Done by School Personnel

Student's Name: _____ Grade: _____ H/R Teacher: _____

Parent/Guardian's Signature _____ Date _____

****Return to your school nurse by March 5, 2010****