

Date _____

Dear Parents:

In the next few weeks the Franklin County school division will conduct a screening program to find children who may have curvature of the spine. This is called scoliosis. The screening will be done _____

DATE

at _____
SCHOOL

If this condition is detected early and is appropriately treated, progressive spine deformity can be prevented.

The procedure for screening is a simple one in which the screener (nurse) looks at the child's back while he or she is bending forward while standing.

If your child has a possible curvature, you will be notified and asked to take your child to your family doctor, pediatrician or Health department for diagnosis.

If for any reason a parent or guardian wishes to decline the opportunity of an examination of his/her child by the school nurse for indications of possible scoliosis, you may return the form below declining this service.

Sincerely,

School Nurse

RETURN THIS FORM IF YOU DO NOT WANT YOUR CHILD CHECKED.

I decline the service of scoliosis examination of my child, _____
by Franklin County Public Schools.

Parent or Guardian Signature

Date