

Date: _____

Dear parent/guardian:

In the next few weeks, _____ School will conduct a scoliosis screening required by Georgia State Law O.C.G.A. 20-2-772 to identify students with signs of abnormal curvature of the spine. It is known that 2 to 3 percent of children may have scoliosis. If this condition is detected early and appropriately treated, progressive spine deformity can usually be prevented.

The procedure for screening is a simple test in which the trained screener looks at the child's back in the standing position and while bending forward. Boys and girls are screened separately. Girls should wear a bra, sports bra or bathing suit under their clothes on the day of the screening.

If your child has a suspected curvature, you will be notified and asked to take your child to your family doctor for further evaluation. **If you do not want your child to be screened, complete the requested information below and return it to the school.**

Sincerely,

Principal (school administrator)

I DO NOT WANT MY CHILD TO BE SCREENED FOR SCOLIOSIS

My child is currently under care/observation for spinal problems: ____ Yes ____ No

Print name of child

Print name of parent/guardian

Signature of parent/guardian

Date: _____

School: _____

Teacher: _____