

Dear Parents,

Scoliosis is defined as a condition of the spine in which the spine may curve to the left or the right. It is most commonly detected during times of rapid growth and may progress if not treated.

With your permission, the Health Office at Saints Philip & James School will be performing a screening program for all students **10 years old & older**. This will help recognize scoliosis in its earliest stages so that the child can be referred for treatment.

Please return the completed form as soon as possible. Scoliosis screenings will begin in May.

Thank you for your cooperation.

Sincerely,

Ms. Elizabeth Beaugard, RN
School Nurse

Mrs. Kris S. MacQueen, LPN
School Nurse

_____ I give permission for my child to be screened for scoliosis

_____ I do not give permission for my child to be screened for scoliosis.

Name of student _____ Grade _____

Signature of Parent/Guardian _____ Date _____