

Date: _____

Dear parent or guardian:

In the next few weeks, **Dawson County Middle School** will conduct a scoliosis screening program to identify students with signs of abnormal curvature of the spine. It is known that two to three children out of every 100 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 screener (nurse) looks at the child's back in the standing position while bending forward. Boys and girls are screened separately in different areas of the gym. Girls should wear a bra, sports bra, or bathing suit under their clothes on the day of 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. **ALL** students will be examined if they do not have a signed refusal form on file. If you do **NOT** want your child to be screened, complete the requested information below and return it to the school as soon as possible.

Sincerely,



Principal

I DO NOT WANT MY CHILD TO BE SCREENED FOR SCOLIOSIS.

My child is currently under care/observation for spinal problems. Yes _____ NO _____

_____	Dawson County Middle School
Print Name of Child	School
_____	_____
Print Name of Parent/Guardian	Teacher

Signature of Parent/Guardian	

Date	