

HENRY P. BECTON REGIONAL HIGH SCHOOL
120 Paterson Ave., East Rutherford, NJ 07073
Phone: (201)935-3007 Fax: (201)935-5639

Dear Parent/Guardian:

There will be a scoliosis screening for all high school students. A biennial scoliosis screening for ages ten through eighteen is required by law (N.J.A.C. 6A:16-2.2(f); N.J.S.A.18A:40-4.3 to 4.5 & A-1183).

Scoliosis is defined as a condition of the spine in which the spine may curve to the left or right. It is most commonly found during the time of rapid growth and may progress if not treated. The purpose of the screening program is to recognize scoliosis in its earliest stages.

A pupil may be exempt, in writing, from this examination if requested by the parent/guardian. If you wish to have your student exempt, please sign below and send it in or have your student bring it in the day of the screening.

You are invited to be present if you desire. Thank you for your cooperation.

Sincerely,

School Nurse

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I **do not** wish to have my son/daughter participate in the scoliosis program.

Student's Name: _____

Grade: _____ Physical Education Class Period: _____

Signature of Parent/Guardian

