



Chester Community Charter School

SCOLIOSIS PARENT LETTER

Dear Parent/Guardian,

PA School law requires that a screening for scoliosis be performed on all children in grades 6 and 7.

Chester Community Charter School will conduct scoliosis screenings beginning in the month of _____ . The purpose of the screening program is to detect possible curvature of the spine in children. If the condition is detected early and appropriately treated, progressive spinal deformity may be prevented.

The screening test is very simple and can be performed in less than a minute. A trained screener will check your child's back by observing it while your child is standing and bending forward. You will be contacted if there is any reason to have your child examined by their health care provider.

To assure a view of the spine, we request that students expose their backs during the screening. It is recommended that boys wear a shirt that can be easily removed. Girls should wear a bra, bathing suit top, or halter-top under a blouse.

Your cooperation is essential to help us make the program run smoothly.

If you **DO NOT WANT** your child to participate in the screening program, please check the box/boxes below, complete the information, sign, date, and return the form to the nurse's office.

- I refuse to have the school perform a scoliosis screening on my child.
- I will submit my child's scoliosis screening result from his/her healthcare provider to the school.**

Parent Signature _____ DATE: _____

Student's Name _____

Best Regards,

Health Services