

COVENTRY PUBLIC SCHOOLS

Pupil and Staff Support Services
78 Ripley Hill Road
Coventry, CT 06238

Dear Parents/Guardians:

The Connecticut Departments of Health and Education require that local boards of education provide postural screenings to female students in grades 5 & 7 and male students in grade 8 to detect scoliosis (lateral curvature of the spine) and other visual spinal abnormalities. Early detection and treatment can prevent many serious back and health problems which might develop later in your child's life.

Screenings are conducted privately and only take a few minutes. The screening requires examination of the students back therefore girls are encouraged to wear a bra or a bathing suit with a thin strap on the day of the screening. Parents/guardians may contact the school nurse with any questions or concerns.

Should a problem be detected, you will be notified and advised to contact your student's primary care provider for a follow up examination.

All female students in grades 5 and 7 and all male students in grade 8 will be screened except under one of the following conditions:

- A parent/guardian waiver (see form below) will exempt a student from scoliosis screening at school. If the exemption request is not received within five school days the school screening will take place.
- Students who have had a scoliosis screening as part of a physical exam and have submitted the blue State of Connecticut Department of Education Health Assessment Record to the school nurse will be exempt from the school's scoliosis screening.
- Students who are being monitored by their physician for spinal abnormalities may be exempt from the school's scoliosis screening. Parents/guardians must supply documentation from the student's healthcare provider prior to the scheduled school screening.

Your student's in-school screening is scheduled for: _____



***Please return *only* if you are requesting an exemption**

Student's Name: _____ Homeroom Teacher: _____

I DO NOT WANT my child to be screened for scoliosis. I will have my child evaluated by his/her health care practitioner.

Parent/Guardian Signature: _____ Date: _____