

LAWRENCE COUNTY SCHOOL HEALTH SERVICES

Spinal Screening Consent Form

Please return by: _____.

Dear Parent:

The Alabama State Department of Education and Alabama Department of Public Health requires that school districts in Alabama offer and provide scoliosis screening for male and female students in grades 5 through 9.

Screening is performed by the school nurse by observing the uncovered spine, viewing the student from the back, side, and front and also from all sides with the student bending forward. Parents of students found to have signs of a possible spinal abnormality as a result of this screening will be asked to see their own physicians for further evaluation.

Each student will be screened separately to ensure privacy. They can wear appropriate clothing, t-shirts or tops that may be removed easily. Please ensure your student wears proper under clothing. If your child is currently under treatment for a spinal deformity, please let me know and your child will be exempt from the screening process.

Please complete the consent form below; indicating your wishes for screening.

Please note: forms not returned will result in student not being screened.

I **do wish** for my son/daughter to be included in the scoliosis screening.

Student Name

Parent/Guardian Signature

I **do not wish** for my son/daughter to be included in the scoliosis screening.

Student Name

Parent/Guardian Signature