

Dear Parent or Guardian,

The Alabama State Department of Education and Alabama Department of Public Health requires that school districts in Alabama offer scoliosis screenings for male and female students in grades 5 through 9. This screening is also performed during annual visits with your child's pediatrician.

On _____, your school nurse will be available to screen your child. The purpose of this screening is the early recognition of indicators associated with abnormal spinal curvatures and the prompt referral for further medical evaluation.

Male and female students are screened separately and privately. The student is asked to remove their shirt and shoes to facilitate an accurate screening. The nurse then observes the child's posture while standing and bending forward. It is suggested that girls wear a bra during the screening. If indicators of a possible abnormal curvature are noted during the screening, you will receive a referral letter recommending further evaluation by a medical provider of your choice.

If you would like for your child to be screened, please sign and return this form to your school nurse prior to the date of the screening.

Please Note: ONLY return this form if you want your child to be screened. Forms are due to the school nurse no later than

_____.

Sincerely,

Meagan Imsand, MSN, RN
Health Services Supervisor
Madison County Schools

I WISH for my child, _____, to be screened for scoliosis.

Parent Signature

Date