

**MORRIS COUNTY SCHOOL OF TECHNOLOGY
SCOLIOSIS EXAMINATION PERMISSION CARD**

Scoliosis is a lateral curvature of the spine most commonly detected during the adolescent growth period. By law every New Jersey School District must provide biennial scoliosis screening of every student between the ages of 10 and 18. The purpose of this program is to recognize the problem at its earliest stages so that the need for treatment can be determined by your own family health care provider.

The school nurse will examine students in a private setting and you will be notified if any deviation is detected.

Please check the appropriate box, sign the card, and return it to the school nurse. Your approval or disapproval will remain in effect for as long as your child is a student at MCVTS, unless you notify the school nurse in writing to the contrary.

Student Name: _____

_____ I give permission for my child to be examined for scoliosis.

_____ I do not want my child to be examined for scoliosis. I will provide the school nurse with the written results of my child's scoliosis screening by my healthcare provider.

Parent Signature _____

Date: _____