

**GATEWAY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT**

Dear Parent/Guardian:

Grade _____

Pennsylvania State Law requires schools to screen grades six and seven for scoliosis. The purpose of the screening program is to detect possible curvatures of the spine in children. There is no known cause for this condition, although it can run in families. If it is detected early and appropriately treated, progressive spinal deformity may be prevented.

The screening test is simple and can be performed in less than a minute. Privately, school nurses will check your child's back by observing it while standing and bending. You will be contacted if there is any reason to have your child examined by your physician.

This screening **WILL BE DONE** on all sixth and seventh graders during the first semester.

If for some reason you do not want your child screened at school, please sign this form, return it to school **and** have your physician screen your child and report the results to school.

Screenings WILL BE DONE on all children who have not returned this form.

I **DO NOT** want my child _____ screened. I will
have my Child's Name
Physician examine my child and send the report to the school nurse.

Parent/Guardian Signature

Date

Sincerely,

School Nurse