

PARENT NOTIFICATION OF SCOLIOSIS SCREENING

Dear Parent Guardian :

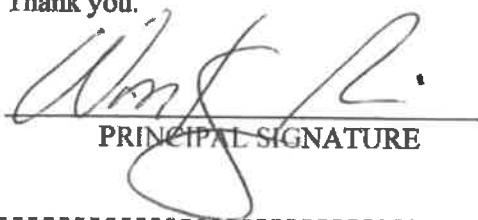
There will be a screening for scoliosis on students ages ten and older, as required by law (N.J.S.A. 18A:40-4.3). This screening needs to be completed biennially.

Scoliosis is defined as a condition of the spine in which the spine may curve to the left or right. It is most commonly found during the time of rapid growth and may progress if not treated. The purpose of the screening program is to recognize scoliosis in its earliest stages.

A pupil may be exempt from this examination if requested by you in writing. In this case, your private physician must provide documentation that your child has been examined. You will be contacted if there are any concerns following your child's examination.

You are invited to be present if you desire. However, you will need to complete the form below so that you can be advised of the time to be present. Whether or not you are present, you will be informed of any suspect problems.

Thank you.



PRINCIPAL SIGNATURE

Arrow Academy

SCHOOL NAME

2024-2025

DATE

.....
_____ I give permission for my child to have a scoliosis screening at school.
I wish to be present at the time of the screening. _____ YES _____ NO

_____ I do NOT give permission for my child to have a scoliosis screening at school. I will
have the screening at my physician's office and forward a written report.

STUDENT NAME

PARENT/GUARDIAN SIGNATURE

DATE