

East Jackson Middle School
1880 Hoods Mill Road Commerce, GA 30529

Date: Months of February and March 2019

Dear Parents:

The Georgia Legislative has passed a law that school children should receive periodic screening for curvature of the back/spine. (Scoliosis) Therefore, within the next few weeks your child's school will conduct the scoliosis screening of the sixth and seventh grades. Five to ten children in every hundred may develop scoliosis. If this condition is detected early, a severe, painful and costly deformity may be prevented.

The school nurses will perform the screening. The entire back will need to be seen, so we request that your child wear a loose fitting shirt or blouse on the day of the screening.

You may assume that your child has **NO** evidence of a curved spine if you are **NOT** contacted after the screening. Thank you in advance for your cooperation. Please return this form to your child's homeroom teacher **ONLY IF YOU DO NOT WANT YOUR CHILD TO PARTICIPATE IN THE SCOLIOSIS SCREENING.**

Sincerely,

Tamara Freeman

Regional Nurse

PLEASE DO NOT CUT FORM. RETURN THE WHOLE SHEET.

I DO NOT WANT my child _____ to be screened for Scoliosis by the screening team.

Date: _____ Parent Signature: _____

Grade: Please Circle- 6th Grade or 7th Grade

West Jackson Middle School

400 Gum Springs Church Road
Jefferson, GA 30549

Phone: (706) 654-2775

Fax: (706) 824-1969

Dear Parent/Guardian:

West Jackson Middle School will be conducting their state mandated scoliosis screening of all 6th graders and 7th graders the week of March 4th, 2019.

The scoliosis screening program is mandated by the state to identify students with signs of abnormal curvature of the spine. It is known that two to three children out of every 100 may have scoliosis. If this condition is detected early and appropriately treated, progressive spine deformity can usually be prevented.

The screening is performed by the JCSS regional nurse and trained personnel by looking at the students back in the standing position and while bending forward. Privacy is maintained and each student is behind a screen. Girls should wear a bra, sports bra or bathing suit under their clothes on the day of screening. Each student will be asked to remove their shirt only for the screening.

If your child has a suspected curvature, you will be notified and asked to take your child to your family doctor for further evaluation. If you do not want your child to be screened, please complete the requested information below and return it to the school clinic. If this form is not returned, your child will be screened. Thank you.

Sincerely,

JCSS Regional Nurse

I DO NOT WANT MY CHILD SCREENED FOR SCOLIOSIS

My child is currently under care/ observation for spinal problems: ___ Yes ___ No

Student Name: (print) _____ Grade _____ HR _____

Parent Name: (print) _____

Parent Signature: _____

Date: _____