



Dr. April Howard, Superintendent
Mr. Michael Cronic, Chairperson

1660 Winder Highway
Jefferson, Georgia 30549
Phone (706) 367-5151 Fax (706) 367-9457

SCOLIOSIS SCREENING NOTIFICATION / OPT OUT FORM

Dear Parents:

The Georgia Legislative passed a law that school children should receive periodic screening for curvature of the back/spine. (Scoliosis) Therefore, each school year the school nurse and trained school personnel conduct scoliosis screenings of the sixth and seventh grades. A notice will be sent home with your child 1 – 2 weeks prior to the screening dates.

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. You can find out more information regarding scoliosis by visiting the Children's Healthcare of Atlanta's website, at <https://www.choa.org/medical-services/orthopaedics/scoliosis-and-spine-program/scoliosis>.

During the screening the entire back will need to be visible, so students are asked to remove their shirt. The screening is conducted with privacy screens. If we suspect that your child may need further evaluation we will mail a notification home informing you to have a follow up visit with your child's physician.

This is just a screening and does not take the place of your child's well visits with their physician.

As a parent, you have the right to decline the screening for your child. If you do not want your child to be screened you must print, sign and return this form to your child's school clinic prior to the screening.

If you have any questions, please contact the school clinic.

Thank you.
Sincerely,

Regional School Nurse

I DO NOT WANT MY CHILD SCREENED FOR SCOLIOSIS: please sign: _____

Print Student Name: _____ Date: _____ Grade: _____ School: _____
