

# Jackson Local Schools

*Striving for Excellence*



January 7, 2019

Dear Parents and Guardians of 6<sup>th</sup> and 8<sup>th</sup> Grade Students:

During the week of **JANUARY 14<sup>th</sup> through JANUARY 17<sup>th</sup>**, we will be conducting scoliosis screenings to identify students with signs of abnormal curvature of the spine. Statistics show that 2 out of every 100 children have some form of scoliosis. If this condition is detected early and appropriately treated, progressive spinal deformity can usually be prevented.

Screening will occur during the student's regularly scheduled physical education class and will be performed by the school nurses. All boys and girls will be screened individually with boys being separated from girls. The screening procedure consists of the nurse placing her hands on your child's shoulders, under the shoulder blades and on the hips. The student will also be asked to bend forward at the waist. ***Please note that all screening will be done with the student's clothes on.*** Male physical education teachers will be present during the screening of the boys and female physical education teachers will be present during screening of the girls. If your child has a suspected curvature of the spine, he or she will be re-screened by the school nurse at a later date. If a questionable result is found, then written notification will be mailed to you recommending that your child receive further evaluation from a physician.

If you do **NOT** want your child to participate in the postural screening, please complete the form below and have your child return it to his/her **physical education teacher** by **Friday, January 11, 2019**. Please understand that if this form is not returned by the above date, your child will be screened for scoliosis. If you have any questions or concerns, please do not hesitate to contact me at 330-834-4654.

Regards,

Carrie Anne Shoop, RN, BSN, MSN, LSN  
Licensed School Nurse

## ***DECLINE SCOLIOSIS SCREENING***

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

- I **DO NOT** want my child to be screened for scoliosis.  
 My child is currently under a physician's care/observation for spinal problems.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

***Please return this form to the physical education teacher by FRIDAY, JANUARY 11, 2019.***

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