

Scoliosis Screening Consent Form

Dear Parents,

St. Catherine Siena School is pleased to offer screening for Scoliosis, which is an abnormal curvature of the spine. The screenings will be for girls and boys in the 6th and 7th grade and will be conducted this year by Physical Therapist, Richard Baudry.

The results of the screenings will not be discussed with the students. If further screening is recommended, parents will receive a letter containing the recommendation and the original screening form.

The date for scoliosis screening will be Tuesday, February 27th between 12-1 pm.

Please complete the form below and return to your child's teacher. If you have any questions, please contact Claire Glas at clairedglas@gmail.com.

SCOLIOSIS SCREENING CONSENT FORM

SCREENING DATE_____

____YES, I want my son/daughter to be screened for scoliosis. I understand that it is MANDATORY that my child wears a T-shirt under his/her uniform shirt.

____NO, I do not want my son/daughter to be screened for scoliosis at this time.

PARENT'S SIGNATURE_____

Printed Name_____Date_____

Student Name_____Age_____

Grade_____Homeroom#_____Switch Group_____

-----Do Not Fill Out Below-----

PASS_____

SEND REFERRAL LETTER_____