



March 1st, 2017

Dear Parent or Guardian:

The Parish School will be conducting our annual scoliosis screening for 7th grade girls and 8th grade boys on **Monday, March 13, 2017**, it is part of our overall health screening program. Scoliosis screening is required by law in all California public schools and is provided to the children at our school.

Scoliosis is a hereditary disease that causes an unnatural, lateral curvature of the spine. It is usually first noticeable in the early pre-teen period when children begin their adolescent growth. Scoliosis can be both a disfiguring and debilitating disease if it is not caught and diagnosed early.

Our School believes this is an important screening and provides it free of charge to our 7th grade girls and 8th grade boys. In order to perform a proper screening of each child, the examiners must be able to have a clear view of the child's shoulders, spine, and waist. Most boys do not object to removing their shirts for this supervised, one-on-one, visual screening. Girls, however, are strongly advised to wear a one-piece style swimsuit, or similar garment, in order to participate in the screening.

Your son or daughter will be included automatically in the screening, unless you specifically exempt them in writing. If you have had your child screened for scoliosis by your family doctor in the last twelve months, please check the appropriate box below and your child will be excused from the screening.

Southern California Sensory Screening will be providing the scoliosis examiners during the same time we perform our annual hearing and vision screening. The school will receive a written report on each child's screening results and the school will notify parents if their child has any suspected symptoms and needs to be seen by a physician for further diagnosis.

PLEASE RETURN COMPLETED FORM BELOW TO THE SCHOOL OFFICE ONLY IF YOU WISH YOUR CHILD TO BE EXCLUDED FROM THE SCREENING.

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SCOLIOSIS SCREENING EXEMPTION FORM

Child's Name _____ Birth Date _____ Age _____

Parent/Guardian _____ Home phone (____) _____

Address _____ City & Zip _____

The Parish School _____ Grade _____ Teacher _____

[] Please excuse my child from the screening. He/ She was screened within the last twelve months by our doctor.

Doctor's Name _____ Office Phone _____

Notes about your child's health/development _____

Is there a history of scoliosis or other hereditary back problems in your family? _____