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January 31, 2018

Dear 6-8th Grade Parents,

Postural Screenings will be conducted at St. Charles School for the students in grades 6-8 **on Friday, February 23, 2018**. The screenings will help identify children with curvature of the spine called scoliosis, or other possible spinal problems. Scoliosis affects one in every twenty persons. Two or three out of every hundred diagnosed with a spinal problem will require active treatment. The purpose of the program is to recognize the problem at its earliest stages so that the need for treatment can be determined.

The procedure for screening is a simple one in which a trained examiner inspects the child's posture as he or she stands then bends forward. Boys and girls will be screened separately. Molly Depoorter, scoliosis screening nurse from Children's Medical Center of Dayton, will be screening all the students. The screenings will be conducted in a private/confidential setting. Shirts must be removed for the screening (for the girls it is recommended that they wear sports bras, bikini or halter-tops). It is crucial that the entire back is visible; therefore body suits and one-piece bathing suits are discouraged. They will also be asked to remove their shoes.

- Screening results will be mailed home for any abnormal screen. **All other screening results will be sent home with 3rd quarter report cards**

Please make sure that you complete the form below and send back to school – ***ALL students must have a form on file***. If your child is currently under active treatment for a postural problem, or you do not wish for your child to be screened, please indicate below on the form. If you have any questions please feel free to call us anytime at 433-3746.

Stacy Ullmer, RN, MSN
Nancy Coates, RN, MSN

*******Please return this permission slip to the school nurse. ALL students must return this permission slip regardless if they are being screened or not. A form must be on file in order for your child to be screened for scoliosis*******

Child's Name _____ Grade/Homeroom: _____

_____ My child MAY be screened for postural problems.

_____ I do NOT want my child to be screened for postural problems.

_____ My child is currently under active treatment for a postural problem and does NOT need to be screened at school.

Parent/Guardian Signature _____ Date: _____

Together We Believe. Together We Achieve.