

A Note from Mrs. Zorzi, School Nurse
Caroline L. Reutter School
856-694-0223

Scoliosis Screening Permission Slip

Dear Parent/Guardian,

As per N.J.S.A. 18A:40-4.3, the 6th grade students will be screened for scoliosis during the school year. Scoliosis is a curvature of the spine. It is most commonly found during the time of rapid growth. The purpose of the screening is to recognize Scoliosis in its earliest stages.

The boys and girls will be separated during the screening. The girls can wear a sports bra or bathing suit top on the screening day, as students will have option of removing their shirts. Otherwise, if they wear a t-shirt type material shirt other than a sweatshirt or heavy sweater, the process can be completed. Privacy will be maintained.

Please complete and return bottom portion of this form to the School Nurse.

If you do not want the school nurse to perform the Scoliosis screening, you will need to take your child to his/her doctor for a Scoliosis screening.

Sincerely,

Mrs. Zorzi, RN
School Nurse

Student Name _____ Teacher _____

Please check one:

_____ I give permission for my child to be screened for Scoliosis by the school nurse.

_____ I **do not** give permission for my child to be screened for Scoliosis by the school nurse. I will have our family doctor perform the screening and send a report to the school nurse.

Parent Signature _____ Date _____