

Please circle your child's PE Period

1 2 4 5 6

Parent/Guardian Signature

Student Name

I do not wish for my son/daughter to be included in the scoliosis screening.

Parent/Guardian Signature

Student Name

I do wish for my son/daughter to be included in the scoliosis screening.

Please complete the consent form below, indicating your wishes for screening.

the screening process.

deforimity, please send us a letter from the child's doctor and your child will be exempt from place within the next two weeks. If your child is currently under treatment for a spinal deformities that can be removed easily. Girls may wear camis or sports bras. Screening will take clothes that can be removed easily. Girls may wear camis or sports bras. Screening will take

Girls and boys will be screened separately to ensure privacy. They can wear gym clothes or abnormalities will be asked to see their own physician for further evaluation.

rechecked at a second screening. Parents of students found to have signs of a possible spinal deformity and bending forward. If a spinal problem is suspected, the child will be viewed while standing and bending forward. If a spinal problem is suspected, the child will be

Scoliosis screening is performed by observing the uncovered spine. The student's back is

screened for scoliosis. If you do not return this form your child will not be screened.

female students in grades 5 through 9. This form allows you to opt in to have your child screened for scoliosis. If you do not return this form your child will not be screened.

The Alabama State Department of Education and Alabama Department of Public Health requires that school districts in Alabama offer and provide scoliosis screening for male and

Dear Parent/Guardian: