



# BETHEL PARK SCHOOL DISTRICT

## PARENT INFORMATION LETTER REGARDING SCOLIOSIS

The Commonwealth of Pennsylvania requires screening for scoliosis be performed on all students in **Grade 7**. The purpose of the program is to detect possible abnormal curvature of the spine in children during this rapid growth period. If the condition is detected early and treated appropriately, progressive spinal deformity may be prevented.

You may choose to have the screening done by your own physician **or** school personnel can perform the screening at no cost to you. If you choose to have the screening done at school, the test is very simple and can be performed in less than a minute. A trained screener will examine your child's back while your child is standing and also bending forward. To assure an adequate view of the spine, we will expose your child's back during the screening. Each child will be screened separately and privacy will be provided. You will be contacted only if there is any reason to have your child followed up by your private practitioner.

If you choose to have the exam completed by your private physician, it must be done *after* **May 1, 2008**. Please have your doctor complete the area below and return to school health office *as soon as possible*.

Thank you,  
Your PA Certified School Nurse

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Student's Name \_\_\_\_\_

Scoliosis Exam Results \_\_\_\_\_

(Negative or Positive- if positive, please state findings below)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Date of Exam)

\_\_\_\_\_  
(Signature of Examiner)

\_\_\_\_\_  
(Printed Name of Examiner)

\_\_\_\_\_  
(Address/Phone)

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\_\_\_ I prefer my child have a free School Scoliosis Screening

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)