Switzerland Point Middle School

777 Greenbrier Road

Saint Johns, Florida 32259

(904) 547-8621

www-raider.stjohns.k12.fl.us

**ONLY SIGN BELOW IF YOU DO NOT WISH YOUR CHILD TO BE SCREENED**

Dear Parent/Guardian:

In compliance with Florida Statute 381.0056(5a), regarding school health services, we are notifying you that students in the St. Johns County School System will be offered free screening for vision, hearing, and height/weight measurement for growth and development. A screening for scoliosis is also given. The purpose of the scoliosis screening is to detect signs of spinal curvature at the earliest stages so that the need for treatment can be determined.

Scoliosis, the most common spinal abnormality, is a side-to-side curve of the spine. It is usually detected in childhood or early adolescence. Most cases of spinal curvature are mild and require only ongoing observation by a physician after the diagnosis has been made. Mild curvatures are often noticeable only to those trained in detecting spinal abnormalities. Others may become progressively more severe as the child continues to grow. Early treatment can prevent the development of a severe deformity, which can later affect the health, and appearance of the child.

The procedure for screening is simple. A trained medical person will look at your child’s back while he/she stands and bends forward in a diving position. For this screening, each student will be seen individually in a private room. In order to assure accuracy of screening, students may be asked to lift the back of their shirts to upper back level.You will be notified *only* if medical follow-up is necessary. This screening does not replace your child’s need for regular health care and check-ups. **Our screenings will held October 25 & 26th, 2018**

**Your child will be screened unless you notify the school, in writing by signing below, no later than October 5th, 2018, that you do not want your child to participate.**  If you **do not** wish your child to receive the scoliosis screening, please sign the first option below and return it to your child’s school **PRIOR** to screening. If you **do not** wish your child to participate in any part of the health screening (height/weight, vision, hearing, and scoliosis), please sign the second option below and return it to your child’s school **PRIOR** to screening.

Sincerely,

Kelly M. Brown, LPN, Swiss Point School Nurse

**.................................................................................**

**ONLY SIGN BELOW OPTION 1 OR 2 IF YOU DO NOT WISH YOUR CHILD TO BE SCREENED.**

1. Please **DO NOT** include my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Grade \_\_\_\_ in the **scoliosis screening only**.

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

 Parent Name (Printed) Signature of Parent Date

1. Please **DO NOT** include my child,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Grade \_\_\_\_ in **any of the health screening process** (height/weight, vision, hearing, or scoliosis):

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

 Parent Name (Printed) Signature of Parent Date