

New Milford High School
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PARENT NOTIFICATION OF SCOLIOSIS SCREENING

To: Parents of New Milford High School Students
From: Barbara O'Donnell, RN CSN
Re: Spinal Screening Program
Date: September, 2008

The New Jersey Legislature requires a biennial examination of every pupil between the ages of ten and eighteen for the condition known as scoliosis." (N.J.A.C. 6A:16-2.2 March 2002).

Scoliosis is a lateral curvature of the spine, most commonly found during the adolescent growth period. It is estimated that between 5% and 10% of school children have a curvature in varying degrees. The effect of scoliosis depends upon its severity, how early it is detected and how promptly treatment is received.

I will conduct the screening for 10th grade students over the next few months during gym class. The procedure will be conducted privately for each student. Your child's spine will be observed as he or she stands and bends forward. Since backs need to be exposed, boys will be topless and girls should wear a bra or halter-like top. If a spinal problem is suspected, you will be notified to have your child evaluated by your own physician.

COMPLETE THE FORM BELOW IF YOUR PREFERENCE IS NOT TO HAVE YOUR CHILD'S SPINE SCREENED IN SCHOOL. FORM MUST BE RETURNED WITHIN ONE WEEK AFTER RECEIVING THIS NOTICE. STUDENTS WITHOUT AN EXEMPTION WILL AUTOMATICALLY BE SCREENED.

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I DO NOT WISH MY CHILD TO BE SCREENED FOR SCOLIOSIS BY THE SCHOOL NURSE.

NAME OF STUDENT _____ Date _____

_____ SIGNATURE OF PARENT/GUARDIAN