



Students:

I will be screening for scoliosis during your ELA class next week. This is a simple procedure; the student's back, shoulders and hips will be observed in a standing and bending position. The screening takes a few minutes. It will not hurt. If you prefer to have your doctor do the examination, you **MUST** return this note to the clinic with your parent's signature **BEFORE** January 25, 2016.

During the procedure it will be necessary for you to remove your shirt.

Ladies: please wear a cami, sports bra or tank top **UNDER** your shirt. The dress code still applies.

Thank you.
Fay McKnight BSN, RN
School Nurse

Dear Parent/Guardian:

The State of Texas requires that all 8th grade students be screened for a curve of the spine that can appear during years of rapid growth between the ages of 10 and 16 years.

Your child's screening will take place at Ulrich during the week of **Jan. 25 – Jan. 29 2016.** If you do **NOT** want this examination to be done at school, please sign the notice below and have your child return it to Ulrich clinic before Monday, Jan. 25th. If it is not done at school, you will need to take your child to your private physician for the examination. **Please return this form ONLY if you DO NOT want the screening done at school.**

You will be notified by mail of any abnormal findings. If you have any questions regarding this information or aspects of your child's health at school, please do not hesitate to contact me.

Fay McKnight BSN, RN

School Nurse
832-375-7433

Student Name: _____ Birthdate: _____

I **DO NOT** wish to have the scoliosis screening done on my child at the school. I understand that I will need to take my child to the physician and agree to send the report to the school nurse before Monday, Feb. 8, 2016

Parent / Guardian Signature

Date