## Monmouth County Vocational School District

Charles R. Ford, Jr., Ed.D. Superintendent

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## Dear Parent or Guardian:

Scoliosis screening will be performed on all Freshman and Junior year students. State law requires screening every other year for all students age 10 to 18. Scoliosis is defined as a condition of the spine in which the spine may curve to the right or to the left. It is most commonly detected during the time of rapid growth and may progress if not treated. The purpose of the scoliosis screening is to recognize scoliosis in its earliest stages.

If you wish for your child to be <u>exempt</u> from the screening, please complete the form below and return it to the school nurse. If this form is not returned, your child will be screened for scoliosis. If you wish to be present for the screening, please contact the School Nurse.

If you have any questions or concerns, please feel free to contact the school nurse. A screening will be performed on your student unless the form below is returned. Thank you for your cooperation.

Student Nam	e
	No, I Do Not want my student to be screened for scoliosis.
 further screer	My student is under the care of a physician for scoliosis and does not need ning from the School Nurse.
Parent/Guard	lian signature