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Dear Parent/Guardian:

The Fulton County School System will soon conduct the annual mandated Scoliosis Screening Program during the months of February and March 2019 in all Fulton County Middle Schools to identify children with suspected curvature of the spine. All sixth and eighth grade students will be screened. According to available information, it is known that two to three children out of every 100 may have Scoliosis. If this condition is detected early and appropriately treated, progressive spine deformity can usually be prevented. A flyer from Children’s Healthcare of Atlanta titled “Fast Facts about Scoliosis is attached to provide additional information about scoliosis. In addition, many of the middle schools will be showing all of the 6th and 8th grade students the “Scoli What” video that was developed by Children’s Healthcare of Atlanta which discusses scoliosis and the screening process. This video is also available for parents to view at the following link:
http://fultontube.fultonschools.org/features/QKpwL93oRco22rnQJMPN.

The procedure for screening is a simple test in which the screener (nurse, PE teacher, coach, or trained volunteer) looks at the child’s back in the standing position and in several bending positions. The screening is not embarrassing. Boys and girls will be screened separately. Girls should wear a halter, bra or bathing suit top underneath their clothing on the day of the screening. Boys are screened with their shirts removed.

If your child has a suspected curvature, you will be notified in writing advising you of the findings and recommendations regarding follow-up. You will be advised to take your child to your doctor or healthcare provider for further evaluation. The schools will mail letters directly to parents.

NOTE: If you do not want your child to be screened as outlined above, complete the requested information below with your signature confirming you do not want your child to be screened for Scoliosis or your child is currently under medical care for spinal problems, and return it to the school within two business days.

PLEASE NOTE: If you do not return this form to the school with your signature indicating you do not want your child screened, your child will be screened.

(Check Applicable Block) NOTE: Only complete this bottom section if you DO NOT want your child screened.

- I DO NOT want my child to be screened for scoliosis.
My child is currently under medical care/observation for spinal problems and I DO NOT want them screened.

Date: _____

Student Name (print legibly)

Parent/Guardian Name (print legibly)

Parent/Guardian Signature

School: Haynes Bridge Middle School

Teacher: _____