

Hope Township School

Mary Jane Weigly

School Nurse

P.O. Box 293

Hope, NJ 07844

Nurse's Phone 908-459-4687

School Phone 908-459-4242

Dear Parent/Guardian,

New Jersey State law requires that students who are 10-18 years of age be screened for Scoliosis every two years. Scoliosis is a condition of the spine in which the spine may curve to the left or right. It is most commonly found during the adolescent growth period and may progress if not treated.

The screening consists of inspecting the student's back (girls may wear a bra or swim suit top) and evaluating any abnormal or uneven conditions as the student stands and as the student bends forward. These screenings will be done by the School Nurse in May on grades 4, 6 and 8 (girls will be given notice of the exact date). **If you want your child to be exempt from this screening, you must sign the form below in the appropriate section and return the form to the School Nurse.**

Please feel free to call me at 459-4687 with any questions or concerns.

Sincerely,

Mrs. Weigly

Please note: If you make no response to this announcement, it will be assumed that you are giving permission for your child to be screened.

_____ I do NOT want my child, _____ in grade _____,

to participate in the Scoliosis Screening Program, and request that he/she be exempt.

_____ My child is currently under the supervision for a Scoliosis referral with

Dr. _____, located at _____.

Parent/Guardian Signature

Date