



SPINAL CURVATURE SCREENING NOTIFICATION

Dear Parent/Guardian

In accordance with Utah Law 53A-11-201, _____ School will be conducting a spinal screening on _____. The purpose of spinal screening is to detect the signs of abnormal curves of the spine at their earliest stages so that the need for treatment can be determined. Scoliosis, a common spinal abnormality found in adolescents is a sideways twisting of the spine. It is usually detected in children between 10 and 14 years of age. Kyphosis, sometimes called round back, is an exaggerated rounding of the upper back and is often confused with poor posture. Many cases of curvature of the spine are mild and require ongoing observation by a physician when they are first diagnosed. Others cases may worsen with time as the child grows and require active treatment such as bracing or surgery. Early treatment can prevent the development of a severe deformity, which can affect a person's appearance and health.

Trained screeners will look at your child's back while standing, then bending forward. To assure a more accurate assessment, your child will be asked to remove his/her shirt. Girls may wear a camisole, sports bra, swimsuit or tank top under their shirts. Boys and girls will be seen separately and individually.

You will be notified of the results of this screening if professional follow-up is necessary.

Sincerely,

School Administrator

Larry S. Bergeson

School Superintendent

School Nurse

If you do not wish to have your child screened, please sign and return this form to the school no later than _____.

I REFUSE TO HAVE MY CHILD _____ PARTICIPATE IN THE SPINAL CURVATURE SCREENING.

PARENT/GUARDIAN SIGNATURE _____ Date _____