

FREEHOLD REGIONAL HIGH SCHOOL DISTRICT

If you do not want your child screened for scoliosis, submit the form below to your Physical Education teacher the day of your screening.

Dear Parent/Guardian:

Scoliosis screening will take place during your child's Health and Physical Education class as stated in Title 18A:40-4.3. **The scoliosis screening is for 9th and 11th grade students only.**

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 purpose of the screening program is to recognize scoliosis in its earliest stages.

According to Title 18A:40-4.3, a pupil shall be exempt from the examination upon written request of his/her parent or guardian.

If you do not want your child to be screened for scoliosis, please sign and return this form to the Health/Physical Education teacher the day of your screening.

Thank you for your cooperation.

Please exempt my child from scoliosis screening.

Student's Name

Grade _____

Parent/Guardian Signature

Date _____

P.E. Period

P.E. Teacher

Homeroom _____

Return this form **ONLY IF** you **DO NOT** want your child screened for scoliosis.