

**DEMAREST MIDDLE SCHOOL
568 PIERMONT ROAD
DEMAREST, NJ 07627**

Dear Parents/Guardians,

The New Jersey Department of Education, under the direction of the American Medical Association, mandates that a Scoliosis Screening be done for all students ages 10-18 every other year. Students in grades 5 and 7 will be screened. Scoliosis, the most common spinal abnormality is a side-to-side curvature of the spine. The statewide plan for scoliosis assumes that those children, whose spines develop increasing curvatures, may be detected early. Early treatment can prevent the development of a severe deformity which can later affect the health and appearance of a child.

I will be screening the children for scoliosis during gym classes. **It is necessary for the entire back to be visible during the screening process. Boys must remove their shirts. Girls must remove their blouses and wear a bathing suit, leotard or bra. Shoes/sneakers must be removed.** I will notify the students of their designated screening day through their teachers. Please be sure your child dresses appropriately.

If you **DO NOT** want your child screened for scoliosis, please sign and return the form below. If you sign this documentation that your child's physician performed this screening, results must be provided. **If no documentation is provided then your child will be screened. PLEASE NOTE THAT IF YOU DO NOT RETURN THIS FORM YOUR CHILD WILL BE SCREENED FOR SCOLIOSIS.** Please feel free to call or email with any questions.

Sincerely,



Karleen McDermott, RN
School Nurse
mcdermott@nvnet.org
Phone number: 201-768-6060 X53326

I do not want my child screened for scoliosis and I will provide documentation that my child's physician has done this screening.

CHILD'S NAME: _____

HOMEROOM TEACHER: _____

Parent Signature

Date