

Students Name: __

Parent/Guardian Signature:

Mobile County PUBLIC SCHOOLS

Terrence S. Mixon, Sr., Assistant Superintendent Division of Student Support Services Sharon Bailey, MSN, RN, Lead Nurse Pamela Smith, MSN, RN, Lead Nurse

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tarts With Us."		Email: psmith1@
	P. O. Box 180069 • Mobile, AL 36618 • www.mcpss.com	Superintendent Chresal D
School	Semmes Middle Schoolbate 3/14/23	
Dear Parer	nt/Guardian:	
Health req students in standing a	e Alabama State Department of Education and the Alabama De Juire that school districts in Alabama offer and provide scoliosis of grade 5 through 9. Screening is performed by observing the u and while bending forward. If a spinal problem is suspected, par gesting that they see their physician for further evaluation.	s screening for all uncovered spine while
remove the treatment	Is and boys will be screened separately and privately. The studeir shirt, so girls should wear a tank top or bra. If your child is of for a spinal deformity, please inform the school nurse. Please on the form below by 414123 indicating your wishes for the school has been seen to be sometimes and the school nurse.	currently under complete and return
	THE SCREENING WILL NOT BE DONE WITHOUT CONS	ENT!
Thank you,	,	
School Nur	rse	
NO,	, I do not wish for my son/daughter to be screened for scoliosis	5.
YES,	, I do wish for my son/daughter to be screened for scoliosis.	