



"It Starts With Us."

# Mobile County PUBLIC SCHOOLS

P. O. Box 180069 • Mobile, AL 36618 • www.mcps.com

Terrence S. Mixon, Sr., Assistant Superintendent  
Division of Student Support Services  
Sharon Bailey, MSN, RN, Lead Nurse  
Pamela Smith, MSN, RN, Lead Nurse  
Health Services Department  
Phone: (251) 221-4292  
Fax: (251) 221-5390  
Email: [sbailey@mcps.com](mailto:sbailey@mcps.com)  
Email: [psmith1@mcps.com](mailto:psmith1@mcps.com)

Superintendent Chresal D. Threadgill

Dear Parent/Guardian:

The Alabama State Department of Education and the Alabama Department of Public Health require that school districts in Alabama offer and provide scoliosis screening for all students in grade 5 through 9. Screening is performed by observing the uncovered spine while standing and while bending forward. If a spinal problem is suspected, parents will be sent a letter suggesting that they see their physician for further evaluation.

Girls and boys will be screened separately and privately. The student will be asked to remove their shirt, so girls should wear a tank top or bra. If your child is currently under treatment for a spinal deformity, inform the School Nurse. Please complete the consent form below by \_\_\_\_\_ indicating your wishes for this important screening.

**THE SCREENING WILL NOT BE DONE WITHOUT CONSENT!**

Thank you,

\_\_\_\_\_

School Nurse

\_\_\_\_\_

\_\_\_\_\_ **NO**, I do not wish for my son/daughter to be screened for scoliosis.

\_\_\_\_\_ **YES**, I do wish for my son/daughter to be screened for scoliosis.

Students Name: \_\_\_\_\_

Parent/Guardian Sig: \_\_\_\_\_