

PLEASE RETURN TO NURSES OFFICE

**Lower Cape May Regional School District
687 Route 9 Cape May, NJ 08204
609-884-3475**

**High School
Lawrence Ziemba, Principal
School Nurse Ext. 238**

**Teitelman School
Peter Daly, Principal
School Nurse Ext. 275**

Parent Notification of Scoliosis Screening

Dear Parent/ Guardian:

There will be a screening program for scoliosis for students in **Grades 8th, 10th and 12th**, as required by state law, which will be carried out over the current school year.

Scoliosis is defined as a condition of the spine in which the spine may curve to the left or right. It is most commonly found during the time of rapid growth and may progress if left untreated. The purpose of this screening program is to recognize scoliosis at its earliest stages.

Students will be screened during a gym or health class depending on their schedule. A student may be exempted from this examination if requested by the parent/guardian in writing.

You are also invited to be present if you desire. However, females will be screened by the nurse or a female PE teacher. You will need to complete the form below so you can be advised of the time to be present. Whether you are present or not, you will be informed of any abnormal screen.

Thank You for your cooperation.

Ashley Robinson
LCMR School Nurse

Morgan Dougherty
Teitelman School Nurse

Name of Student: _____ **Grade** _____

_____ **Please EXAMINE my child.**

_____ **Please Exempt my child.**

_____ **I would like to be present during my child's screen. Please contact me at _____ to schedule a time.**

Signature of Parent/ Guardian: _____ **Date:** _____