

WALLINGTON SCHOOL DISTRICT HEALTH SERVICES

SCOLIOSIS SCREENING NOTIFICATION

Scoliosis is a lateral curvature of the spine most commonly detected during the adolescent growth period. By law, every New Jersey Board of Education must provide biennial scoliosis screening of every student between the ages of 10 and 18. The purpose of this program is to identify a problem at its earliest stages so that the need for treatment can be determined by your own family healthcare provider.

The school nurse will examine each child in grades 5, 7, 9, and 11 in a private setting. You will be notified if any deviation is detected.

Parents who do not wish to have their child screened by the school nurse may go to their private physician at their own expense for the required screenings. If you have any questions regarding the examination procedures, please contact the school nurse.

If you do not wish to have your child screened in school, please sign below and return to school nurse. Your choice will be in effect for as long as your child is a student in the Wallington school district **OR** until you notify the school nurse in writing otherwise.

SCOLIOSIS SCREENING NOTIFICATION

_____ I **DO NOT** want to have my child screened for scoliosis by the School Nurse. As required by NJ State Law and Board policy, I will have our Primary Physician perform the exam for each of the grades indicated and forward the results to the Health Office

_____ I acknowledge that my child will be screened by the school nurse for scoliosis in grades 5, 7, 9 and 11

Student's Name (Print)

Grade/Homeroom

Parent's Signature

Date

Jefferson Annex Nurse: Stacy Geltrude, RN 973-836-4700 ext. 306

FW Gavlak Nurse: Donna Coldon, RN 973-777-4420 ext.207

High School Nurse: Gena McCarthy, RN 973-777-0808 ext.111