*(PRINTED ON OFFICIAL SCHOOL LETTERHEAD)*

Dear Parent/Guardian,

Our school will be holding our annual Postural Screening on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 *(date)*

The purpose of the Postural Screening is to identify early signs of potential spinal problems in children in grades 5-9. This is not a diagnostic service, but rather a program to identify those young people who should have further medical evaluation.

The majority of students exhibit no unusual findings in this screening, however, if your child does exhibit anything unusual, you will be notified and asked to take your child to a physician as a precaution. If nothing unusual is found, we will not contact you again until next year’s screening.

Female children are asked to bring a ***two-piece swimsuit or a halter top and shorts*** to school the day of the screening. This type of clothing permits a more accurate observation of the child’s back.

Parents and/or legal guardians can request that their child not participate in this screening. This request must be submitted in writing to the school nurse.

If you have any questions, please contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 *(phone number)*

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, School Nurse
 *(Printed Name) (Name of School)*