

Dear Parent/Guardian:

Postural screening on seventh grade girls and boys, as required by Nevada State Law, will be conducted by school nurses in your child's school on _____. The purpose of postural screening is to detect signs of abnormal spinal development so that the need for treatment can be determined. For this screening, boys and girls will be seen separately. Privacy will be maintained within the constraints of the school setting.

Scoliosis is an abnormal curvature of the spine. Most cases of spinal curvature are mild, but may become progressively more severe as the child continues to grow. Early treatment can prevent the development of a severe deformity, which can later affect the health and appearance of the child.

You will be notified **only** if a possible abnormality is observed and follow-up is necessary. This screening does not replace your child's need for regular health care and check-ups. If you are sent a referral for scoliosis, follow-up can be obtained through your private health care provider or through clinics, which are sponsored by the Clark County School District and staffed by orthopedic surgeons. These clinics are **free of charge** and include a baseline x-ray, if indicated.

If you **do not** want your child to have a postural screening at school, please notify the school nurse in writing. If you have any questions, please contact the school nurse at _____.

Thank you,

School Nurse