



ODYSSEY Charter School

October 1, 2024

RE: Scoliosis Screening Letter to Parent

Dear Parents:

Odyssey Charter School will conduct a Scoliosis Screening Program to find middle school students (6th and 8th grades) who may have curvature of the spine. The screening will be held during the day in the school clinic.

According to available information, seven to ten children in every 100 may develop scoliosis and one to three will require treatment. If this condition is detected early, and appropriately treated, progressive spinal deformity can be prevented. Georgia mandates screening for a minimum of two grades between the age group of 10 through 15 years.

The procedure is a simple, painless, 60 second test in which the clinic staff looks at the student's back in the standing and forward bending positions. Boys and girls will be screened separately. If your child has a suspected curvature you will be notified by letter.

In an attempt to make the scoliosis screening process go smoothly, **we ask that parents discuss with their child how the process will work. Since it is necessary for us to view your child's spine, we will need them to remove their uniform shirt. If your child is uncomfortable removing their shirt, please encourage them to wear a sports bra or bathing suit top under their shirt which will still allow us to view the spine.** The students are all screened separately and only the clinic staff will be viewing their spine. All attempts are made to respect each student's privacy and modesty.

If you do not wish for your child to be screened at this time, please fill out the bottom portion of this form and return to the school clinic by this **October 11, 2024**. If the form below is not returned, your child will be screened with other students in their grade level. Screenings will be conducted from **October 14, 2024 until October 22, 2024**. If you have any questions, please feel free to contact the school clinic at 770-251-6111, ext. 153.

Regards,
Kelly Sequeira, R.N.
Odyssey Charter School Nurse

Please return this portion of the form completed only if you do not wish for your child to be screened for scoliosis by choosing an option below.

- I do not want my child, _____, to be screened for scoliosis by the Odyssey Charter School clinic staff at this time.
- OR**
- My child, _____, is currently under medical care/observation for spinal problems.

Parent Signature

Parent Name (Print)

Date

Homeroom Teacher