

GWINNETT COUNTY PUBLIC SCHOOLS

DR. CALVIN WATTS

CEO/SUPERINTENDENT

Dear Parents.

CREWS MIDDLE SCHOOL

1000 Old Snellville Highway Lawrenceville, GA 30044 PHONE: 770-982-6940 FAX: 770-982-6942

"CONTINUING A TRADITION
OF EXCELLENCE"

CINDY MOFFETT PRINCIPAL

DR. ROCHELLE MUNGIN ASSISTANT PRINCIPAL

KRISTEN JESSE ASSISTANT PRINCIPAL

BERNARD TAYLOR ASSISTANT PRINCIPAL

JOHN TRONOLONE ASSISTANT PRINCIPAL

On Wednesday, March 6th, our school will hold a Scoliosis screening for the students in 6th and 8th grades as required by Georgia State Law and mandated by the Georgia Department of Public Health. The screening is done to identify students who may have Scoliosis which is an abnormal curvature of the spine. Scoliosis affects two to three percent of the adolescent population. If the condition is detected early and appropriately treated, progressive spine deformity can be prevented.

The procedure for screening is a simple process. We will have student nurses look at the child's back in the standing position and as they bend forward for any possible abnormal curvature. Boys and girls are screened separately. **Girls should wear a bra, sports bra or bathing suit top; and have hair pulled up in a high ponytail or bun** that allows the screener to see their back. In the case of a suspected curvature, you will be notified by the Department of Public Health and referred for secondary screening. This does not mean that your child has scoliosis, but that further evaluation by a health care provider or the Department of Health is warranted.

- *If your child has been screened by a health care provider or is under the care of a physician for scoliosis, please submit the completed 4400 form.
- *If you <u>do not</u> want your child to be screened, you must complete the requested information below and return this form to the school.
- *If we do not have either of these forms, your student will be screened. Please return it to the clinic no later than Monday, March 4th.

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Sincerely, Cinds Maffett Cindy Moffett Principal		
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I <u>DO NOT</u> WANT MY CHILD TO BE SCREE	ENED FOR SCOLIOSIS AT SCHOOL	
Print Name of Student	Grade	
Cionatura of Dougat/Consuling		
Signature of Parent/Guardian	Date	
Homeroom Teacher:		