Please circle your child's period.

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
<th>Student Name</th>
</tr>
</thead>
</table>

I do not wish for my son/daughter to be included in the scoliosis screening.

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
<th>Student Name</th>
</tr>
</thead>
</table>

I do wish for my son/daughter to be included in the scoliosis screening.

Please complete the consent form below, indicating your wishes for screening.

The screening process:

Defectively, please send us a letter from the child's doctor and your child will be exempt from place within the next two weeks. If your child is currently under treatment for a spinal deformity, please send us a letter from the child's doctor and your child will be exempt from.

Girls and boys will be screened separately to ensure privacy. They can wear gym clothes or clothes that can be removed easily. Girls may wear capris or sports bra. Screening will take place within the next two weeks. If your child is currently under treatment for a spinal deformity, please send us a letter from the child's doctor and your child will be exempt from.

Abnormality will be asked to see their own physician for further evaluation. Parents of students found to have signs of a possible spinal abnormality will be asked to see their own physician for further evaluation. Parents of students found to have signs of a possible spinal abnormality will be asked to see their own physician for further evaluation.

Screening for scoliosis. If you do not return this form, your child will not be screened. Please return this form to your child's teacher. This form allows you to opt in to have your child screened. Please return this form to your child's teacher. This form allows you to opt in to have your child screened.

The Alabama State Department of Education and Alabama Department of Public Health

Dear Parent/Guardian: