

# TERRILL MIDDLE SCHOOL

1301 Terrill Road  
Scotch Plains, NJ 07076

**PHONE: (908) 322-5215**

Dr. Kevin Holloway  
*Principal*

**FAX: (908) 322-6813**

Mr. Ralph Gerace  
*Assistant Principal*

Dear Parent/Guardian,

School districts are required by State law to perform spinal screenings once every two years on children age 10 through 18. The purpose of the screening program is to identify spinal problems in their earliest stages. If there is a suspected problem, questionable or concerning finding, you will be contacted.

Scoliosis screening for your child's class will be taking place at the Terrill Middle School Nurse's office. The scoliosis screening is conducted by the school nurses and is an observation of the child's back when standing and bending forward. It is recommended that all girls wear a bathing suit top or sports bra on their scheduled screening date.

If for any reason upon receiving this notice you DO NOT want your child screened at school, please complete the lower portion of this form and return it to the school nurse prior to the assigned date. If you have any questions regarding this program, please contact your school nurses. The Health Office phone number is 908-322-5215 extensions 22010 or 22011.

**Please note: Failure to return this form will indicate your permission to have your child screened.**

Sincerely,

Karen Lambo, RN, BSN

Brittany Giannacio RN BSN

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ I do not want my child screened for scoliosis

\_\_\_\_\_ I do not want my child screen for scoliosis. This condition has already been identified and is being followed by our private physician.

\_\_\_\_\_ I want my child screened for scoliosis.

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Parent/Guardian Signature

Phone