

# Concord Middle School

## *Community · Achievement · Lifelong Learning*

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Sanborn: 835 Old Marlboro Road, Concord, MA 01742  
Peabody: 1231 Old Marlboro Road, Concord, MA 01742

Phone: 978.318.1380  
Phone: 978.318.1360

FAX: 978.318.1392  
FAX: 978-318-1372

Dear Parent/Guardian:

Postural screening will be conducted in your child's school during the **first two weeks of February**. Postural screenings detect signs of spinal curvature at the earliest stages so that the need for treatment can be determined. This screening program is required by the Massachusetts Department of Public Health/School Health Services.

Scoliosis, the most common spinal abnormality, is a side-to-side curve of the spine. It is usually detected in childhood or early adolescence. Most cases of spinal curvatures are mild and require only ongoing observation by a physician after the diagnosis has been made. Mild curvatures are often noticeable only to those trained in detecting spinal abnormalities. Others 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.

The procedure for screening is simple and pain free. All students will be screened individually. The entire back must be visible during the screening process. Shoes or sneakers must be removed. Boys must remove their shirts. Girls must remove their shirts and wear a bathing suit top or bra.

Please contact your school nurse with questions. You will be notified of results only if medical follow-up is recommended.

Thank you,

Your School Nurses

**Sanborn School Nurse** / Mary Jenkinson at [mjenkinson@concordps.org](mailto:mjenkinson@concordps.org)

**Peabody School Nurse** / Meg Jensen at [mjensen@concordps.org](mailto:mjensen@concordps.org)

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**If you do not want your child to participate in the postural screening, please fill out the form on the back page.**

*No need to complete this form if you wish for screening to occur.*

If you **do not** want your child to participate in the postural screening, please fill out the form below and return the form to the school health office by **2/1/20**. If no form is returned, your child will be screened.

Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_

My child has spinal changes and has been diagnosed with \_\_\_\_\_  
\_\_\_\_\_, under the care of  
\_\_\_\_\_.

I refuse postural screening for my child.

Comments:

Parent Name Printed: \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature: \_\_\_\_\_