

Middle/High School Scoliosis Letter

Date 6/29/23

Dear Parent/Guardian:

We need your child's **Scoliosis Screening**. We need this form no later than **Friday, August 18th**. Without this form your child cannot attend class.

Students entering **Middle/High School** grades will be required to submit a Scoliosis Screening from their physician.

Principals are required by law to prohibit any student from attending school until proof of the Scoliosis Screening has been supplied to our school office. Please be proactive and get your child's screening completed.

A form has been attached for your child's physician to complete.

If there are any questions, please contact Sherrai Jackson:

772-801-5522

Sincerely,

Synergy Magnet School



SYNERGY

MAGNET SCHOOL K-12

Scoliosis Screening Release Form

The Florida Department of Education requires a Scoliosis Screening for all **6th-12th graders** in accordance with Section 1003.22(4), Florida Statutes, and State Department of Health Rule 64F-6.003, Florida Administrative Code.

Please have your child receive this screening through their General Practitioner or Pediatrician and return the Scoliosis Screening Release Form to our school office.

Date: ____/____/____

Name of Child (Last,First,Middle)	Date of Birth ____/____/____
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To be completed and signed by the Health Care Provider ONLY:

The child named above has had a completed Scoliosis Screening on the following date:

____ Month ____ Day ____ Year

Screening Results: _____.

Signature/Title of Health Care Provider	Date	Address (Please print or stamp)
	____/____/____	
Name (Please print or stamp)		