



KUNA MIDDLE SCHOOL

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Dear Parents:

The 7th grade girls and boys in a current P. E. class will be screened for **SCOLIOSIS** (curvature of the spine) by the school nurse during their regular class during the month of _____. This screening is done to detect possible spinal problems.

The procedure is a simple one. The nurse inspects the spinal column, the shoulders, hips, and back while the student stands and then bends forward. Your student may feel more comfortable changing into a T-shirt and athletic shorts if they are available. Please see the Scoliosis Screening brochure for more information.

If a spinal concern is detected the nurse will contact you.

NOTE: If you do **NOT** wish to have this screening done, please indicate this by signing the form below and returning it to the P.E. teacher.

Thank you.

Alicia Jordan, RN, BSN
School Nurse

Sign below and return if you do **NOT** wish scoliosis screening.

NAME OF STUDENT _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____

P.E. TEACHER _____ BLOCK _____