



Dear Parent, Guardian:

As part of our Health Education Program students in grades 5 through 8 will be participating in health screenings.

Please sign the appropriate line below to give permission for your child to participate. A signature next to each is required.

Dental – Unfortunately, as we are still practicing social distance and continue to wear masks to prevent the spread of the Covid Virus, there will be no Dental Screening this year. We look forward to welcoming back Dr. Michael Perillo next Spring.

Scoliosis – 5th through 8th grade students. Scoliosis is a screening to detect spinal problems. The purpose of this screening is to recognize a problem in its earliest stage. The students are shown a video prior to the screening which explains Scoliosis and the screening itself. Since we were unable to have this screening last year, 5th through 8th will participate this year.

Adolescent Growth and Development – 5th and 6th grade students. The purpose of this class is to give information via lecture and video about the changes that occur during puberty. Class is divided into male and female. We were unable to have the 5th grade students participate last year, so the 6th grade students will participate this year.

I hereby give permission for my child, _____, to participate in the Scoliosis Screening by Ms Donna Skinner, R.N.

Parent/Guardian signature _____ grade _____

I hereby give permission for my child, _____, to participate in the Adolescent Growth and Development Health Class.

Female program given by Ms Donna Skinner, R.N.....Male program given by Mr. James Faletti

Parent/Guardian signature _____ grade _____

Thank you

Ms D Skinner, R.N.

