

VAN BUREN SCHOOL DISTRICT HEALTH SERVICES

Return these forms only if you DO NOT want your child to participate in one or both of the screenings

BMI SCREENING

Act 1220 of 2003, is an act passed by the Arkansas General Assembly to coordinate statewide efforts to combat childhood obesity and related illnesses and to improve the health of the next generation of Arkansans.

Sometime during the school year, the District nurses will conduct this **BMI** screening. This screening will be done at each individual school and every effort to protect your child's privacy will be taken. You will be notified when the results are available.

If you do **NOT** want your child to participate in this screening process, fill out the form below and return to your child's school tomorrow. If you have any questions, contact your school nurse.

I **DO NOT** want my child _____ to participate in the BMI screening process.

Parent Signature

Homeroom or 1st Period Teacher

Grade

SCOLIOSIS SCREENING

Sometime during the school year, the Nursing Staff will be conducting a **Scoliosis** Screening. Scoliosis is a sideways curving of the spine, resembling an S-curve or C-curve. Eighty-five percent of the time, scoliosis has no known cause and tends to run in families. This type of scoliosis first develops between the ages of 10-15 years of age and occurs more often in girls than boys. If scoliosis is detected early, treatment can be started and almost all of the curving prevented.

The procedure for screening is a simple one in which the child's back is observed as he/she stands upright and as he/she bends forward. To observe this condition, each child will be asked to remove their shirt or blouse (girls may wear bra or bathing suit top). The screening will be conducted in private with only the student and nurse present.

Any curvature or "back hump" that is noticed during the screening may indicate the need for further studies. If a problem is found, you will be notified. We will recommend that you take your child to a physician of your choice for an evaluation.

We encourage all students to participate in this program. If you do **NOT** want your child screened, please fill out the form below and return to teacher. Phone calls will not be accepted. If your child is currently under treatment for a back problem, please let us know in writing.

I **DO NOT** want to have my child screened for scoliosis.

STUDENTS'S NAME: _____ GRADE: _____

HOMEROOM TEACHER: _____ PARENT SIGNATURE: _____