

## PARENT/GUARDIAN CONSENT FOR SCOLIOSIS SCREENING

Florida Statute 381.0056 required that students in grades K, 1, 3 and 6 receive specified health screenings 95% of these students must be screened by March 15, 2023. Screening reports are submitted to the Florida Department of Health.

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE INFORMATION MANAGEMENT TECHNICIAN (IMT) AT YOUR CHILD'S ASSIGNED SCHOOL IF YOU CONSENT AND WISH FOR YOUR CHILD TO RECEIVE THE SCOLIOSIS SCREENING LISTED BELOW.**

**Print/Type all Information Requested**

**Student Information:**

Last Name	Middle Name	First Name	Student Birth Date	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Street Address	Apartment #	City	State	Zip Code	

**Parent/Guardian Information:**

Last Name	Middle Name	First Name	Relationship to Student (Parent or guardian)		
Street Address	Apartment #	City	State	Zip Code	
Home Phone Number	Work Phone Number	Cell Phone Number	Notes:		

**Please indicate if you would like to Opt-in or Opt-out of scoliosis screening with an "X" in the appropriate check box.**

	Yes	No
Scoliosis Screening	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Parent/Guardian (PRINT)

\_\_\_\_\_  
Parent/Guardian (SIGNATURE)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name (PRINT)

\_\_\_\_\_  
Student's (SIGNATURE)

\_\_\_\_\_  
Date