



Somerset Public Schools
 Somerset Berkley Regional School District
 580 Whetstone Hill Rd.
 Somerset, Massachusetts 02726-3700
 508-324-3100
All Students Achieving Excellence

Chace Street School: 508-324-3160
 North Elementary.....508-324-3170
 South Elementary.....508-324-3180
 Middle School.....508-324-3140
 High School.....508-324-3115

Dear Parent/Guardian:

The annual Postural Screening for all 5th grade students, as required by Chapter III of the Massachusetts General Laws, will take place during Physical Education class.

The purpose of this screening is to find early signs of possible spinal problems in children in grades 5-9. It is not a diagnostic service, but a program to identify young people who should have further medical evaluation.

If your child has any unusual findings, you will be notified and asked to take the child to a physician as a precaution. The majority of students exhibit no findings. If nothing unusual is found, you will not be contacted.

This screening will be performed on an individual basis with careful attention paid to ensure each student's privacy. **Shirts are removed in order to properly view the spine.** Girls may wear a bathing suit top or halter top if desired.

Please return the completed form below if you do **NOT** wish for your child to participate in the Postural Screening Program. If the form is **not returned**, the screening will be performed as required by law.

If you have any questions regarding this screening, please contact the school nurse. Thank you for your anticipated cooperation.

PLEASE RETURN THIS SECTION IF YOU DO NOT WANT YOUR CHILD TO BE SCREENED.
If a form is not returned, the screening will be performed as required by law.

Student Name: _____ Grade: _____

Homeroom Teacher: _____

No, I do not give permission for my child to participate in the **Postural Screening Program.**

Signature of Parent/Guardian: _____ Date: _____