

**Connellsville Area School District
Junior High West**

Grade 7 Dental/Scoliosis Permission

Name of Student

DENTAL CONSENT FORM

The Laws of the Commonwealth of Pennsylvania provide for a dental examination of all seventh grade students. The school dentist will be examining students during the school year at the Career and Technical Center. If the examination is not completed by the school dentist it must be done by your family dentist at your personal expense. A form will be provided for your dentist to complete. This is only a screening.

PLEASE CHECK:

_____ Please examine my child at school.

_____ Private exam (Form must be returned to the School Nurse).

Signature of Parent/Guardian

Date

SCOLIOSIS CONSENT FORM

The Laws of the Commonwealth of Pennsylvania provide for a scoliosis screening of all seventh grade students. The purpose of this screening program is to detect possible curvature of the spine in children. The screening is very simple and can be performed in less than 1 minute. A trained screener will check your child's back by observing it while your child is standing and bending forward. The screenings will be performed in the locker room prior to gym class.

PLEASE CHECK:

_____ Please examine my child at school.

_____ Private Exam (Written documentation from doctor must be returned to the School Nurse).

Signature of Parent/Guardian

Date