

Peaceforce Christian Academy
501 Wilmer Avenue, Orlando, FL 32808

Date: ____/____/____

Scoliosis Screening Release Form

The Florida Department of Education requires a Scoliosis Screening for all 6th graders in accordance with Section 1003.22(4), Florida Statutes, and State Department of Health Rule 64F-6.003, Florida Administrative Code. Please have your child receive this screening through their General Practitioner or Pediatrician and return to the Scoliosis Screening Release Form to our school office. Thank you.

Name of Child (Last, First, Middle)	Birth Date
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To be completed and signed by the Health Care Provider ONLY:

The child named above has had a completed Scoliosis Screening on the following date:

____/____/____
Month Day Year

Screening Results: _____.

Signature/Title of Health Care Provider	Date	Address (Please print or stamp)
	____/____/____	
Name (Please print or stamp)		