

FOXBOROUGH HIGH SCHOOL  
SCHOOL HEALTH SERVICES

Dear Parents or Guardians of 9<sup>th</sup> Grade Students,

This spring 9<sup>th</sup> grade students will be participating in the following screenings:

**SBIRT SCREENING:** This screening is required by The Department of Public Health and has been developed to help prevent students from starting the use of substances, or intervene with early use. The screening tool that will be used is CRAFFT, the Mass Health-approved behavioral screening tool for use with children under age 21 (located on the FHS School Nurse website page under “forms” for your review). Results of this brief, confidential and private screening will not be included in your child’s school record. ONLY if you chose to “OPT OUT” your child from this screening, please sign below.

**POSTURAL SCREENING:** All grade 9 students will be screened in March. The screenings will be done by the school nurse during scheduled physical education classes. If your child does not have wellness he/she will be excused from another class.

The purpose of this screening is to find early signs of possible spinal problems. 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, we will not be contacting you again.

Female students are asked to wear a SPORTS BRA, SWIMSUIT OR HALTER TOP to school during the screening period. This type of clothing permits more accurate observation of the back.

If you DO NOT want your child to participate in the screening, you must sign below, and return. In addition, you must provide documentation, from your child’s physician, stating the screening was performed, the date of screening and the results, as this screening is mandated by Massachusetts State Law. A physical form with the screening documented is acceptable. If you choose to excuse your child from this screening, you may return this form now and send the additional documentation when your child has his/her physical. You may have already signed to opt out as a form for postural screening went home last fall.

\*ONLY COMPLETE AND RETURN IF YOU **DO NOT** WANT ONE OF THE FOLLOWING SCREENINGS DONE

1.) **SBIRT:** I **DO NOT** want my child, \_\_\_\_\_ (CHILD’S NAME) to participate in the **SBIRT screening.**

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

2.) **POSTURAL SCREENING:** I **DO NOT** wish to have my child, \_\_\_\_\_ (print students’ name), participate in the annual postural screening.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Sincerely, Angela Murphy RN, BSN

Foxborough High School  
[murphya@foxborough.k12.ma.us](mailto:murphya@foxborough.k12.ma.us)  
Phone: 508-543-1630 Fax: 508-543-1679