



Lice Treatment Form

Child's Name: _____ Date: _____

Classroom/Teacher: _____

Today your child was found to have head lice-

Your child will be readmitted to school upon receipt of this signed form and **after an inspection reveals that no nits or lice remain in the hair.**

Please fill in the requested information below and return this entire page to school with your child when he/she returns to school.

IMPORTANT: Before beginning treatment read and follow product directions carefully!

REMEMBER: After the first lice shampoo treatment and **TOTAL REMOVAL OF NITS** has been done, please **recheck** your child **every day** for the next **two weeks**. If there are only a few nits within the first week after treatment, remove them. It is not usually necessary to retreat at this time. But if you notice a reinfestation of nits and/or live lice within the first week, retreat in 7-10 days and/or follow directions on lice shampoo.

IF YOU CHILD RETURNS TO SCHOOL WITHOUT THIS SIGNED NOTE, HE/SHE WILL NOT BE ALLOWED TO ATTEND SCHOOL.

Date of first treatment: _____

Name of Lice Control Product: _____

Parent/ Guardian Signature: _____