

**HEAD LICE**

**TREATMENT RELEASE FORM**

Yes, I have treated my child, \_\_\_\_\_  
(Child's Name)  
\_\_\_\_\_  
(School/Teacher/Grade Level)

For head lice and have followed the instructions listed below:

1. I have shampooed my child with lice shampoo.
2. I have attempted to comb and pick out all nits from his/her hair and will continue to examine for and remove all nits.
3. All other family members have been examined and treated as necessary.
4. Home cleaning recommendations of bedding, brushes, combs and other hair items..
5. I have notified my child's day care, carpool, family and friends, and any others with whom my child has had contact with in the last two weeks.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)