



Dublin City School District

家長/監護人確認頭蝨治療  
以便學生重返學校

Operations  
8451 F3  
Revised 4/29/16  
Chinese

**Parent/Guardian Verification of Head Lice Treatment  
For Re-Admittance to School**

- 這份表格必須在每次學生返家接受頭蝨感染或重覆感染治療時填寫。
- 家長/監護人填寫第一部份。
- 學校工作人員填寫第二部份。

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**第一部份. 家長/監護人部份**

我的孩子, (姓名) \_\_\_\_\_ 於(日期) \_\_\_\_\_

在學校被發現患有頭蝨。我孩子的頭蝨已經在(日期) \_\_\_\_\_

使用 \_\_\_\_\_ 來治療而且我已經開始清除頭蝨卵並對家中環境進行必要的清潔處理。

我使用過的治療方法包括 (請列出並提供日期) :

家長簽名: \_\_\_\_\_ 今天的日期: \_\_\_\_\_

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**Section II. Staff Section**

I have examined the above named student and have made the following determination:

- Returned home with parent. Live bugs are still present.  
 Sent to class. No live lice seen.

Additional comments:

Signature/Title of Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Original: file in student's health file

Copy: to parent as requested