



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

- This form must be completed each time a student is sent home for treatment or recurrence of head lice.
- Parent/guardian completes Section I.
- Staff completes Section II.

### Section I. Parent/Guardian Section

My child, (name) \_\_\_\_\_ was noted to have head lice at school on (date) \_\_\_\_\_. My child's head lice has been treated with \_\_\_\_\_ on \_\_\_\_\_ (date) \_\_\_\_\_ and I have begun to remove nits and to do the necessary treatment of the home environment.

Treatments I have used include (please list and provide date):

Parent Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### 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: \_\_\_\_\_