



MIFFLINBURG AREA SCHOOL DISTRICT

Dear Parent/Guardian,

To assist you in dealing with your child's head lice and to help us in our efforts to stop the spread of lice in school, please complete the following checklist and return it to school upon your child's return. Please attach part of the original packaging from the lice treatment you used. Your child can return to school immediately following the first treatment for head lice.

1. _____ has been treated with _____.
(Child's Name) (Name of lice killing medication)
2. ___ Washable clothing including hats and coats that have been in contact with the child's head have been laundered in hot water and detergent and dried on high heat.
3. ___ Unwashable clothing and apparel (headphones, helmets, stuffed animals etc.) have been sealed in plastic bags for at least 5 days.
4. ___ Bed linens have been washed in hot water and detergent and dried on high heat.
5. ___ Combs, brushes and hair accessories have been soaked in hot water for 20 minutes or replaced.
6. ___ Other family members have been examined for possible infestation and treated as needed.
7. ___ Nits have been removed from hair.
8. ___ Car seats and upholstered furniture have been vacuumed.

My child and the home environment have been treated for head lice as indicated above.

Parent signature _____ Date _____

Your child's head will be checked upon return to school and again in 7 days from initial infestation. You will be notified if any further live lice are found and asked to re-treat per treatment package instructions if so.

Please call with any questions.

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