



Stephens County School System

Schools Committed to Student Success

Dr. Connie Franklin
Superintendent of Schools
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Administrative Offices
191 Big A School Road, Toccoa, GA 30577
(706) 886-9415

Parent Notice of Referral and Screening - Bed Bugs Found

Dear Parents/Guardians of: _____ Date: _____

It was reported to the school nurse that your student exhibited signs and symptoms of having live insects, which were determined to be bed bugs. Upon being screened by the school nurse according to the school system screening procedures, bed bugs have been observed. Your child cannot attend school with live bed bugs. It is important that you act immediately to prevent their spread to other members of your family and to others in close contact. **Your child will be readmitted to school by the school nurse after:**

1. The student(s) shower with soap and water. Clothes should be washed in hot water with detergent and dried with hot air.
2. Parent accompaniment of the student to the school after treatment to be re-screened for live bed bugs by the school nurse with a result of no observation of live bed bugs. The parent should follow guidelines from reputable sources and take action to determine whether there is an infestation within the home.

Upon returning to school, your child will be re-examined for bed bugs during the following two weeks.

School absences in excess of 2 days for bed bug treatment will be unexcused unless otherwise excused by a physician. If you are having problems with recurrent bed bugs, please feel free to contact your physician and a pest control agency of your choice.

To eliminate bed bugs in your home the following steps should be taken immediately:

1. Everyone in the household should be checked for bed bugs.
2. People with bed bugs on their clothes or bodies should take a hot shower with soap.
3. Items unable to be laundered should be vacuumed and/or steam cleaned (mattresses, furniture, carpets, pillows, rugs, the car, etc). Such things as dolls, toys, teddy bears, and other non-washable items may be placed in large plastic bags, sealed and left at room temperature for two weeks.
4. Mattress and box spring encasements should be considered.
5. **Contacting a licensed pest control agency is recommended.**
6. For more info:
<https://www.epa.gov/sites/default/files/2016-07/documents/bed-bug-guidance-for-parents.pdf>
7. Also, please refer to the attached Stephens County School System Bed Bugs Procedure and Bed bug information documents as well the Stephens County School System Health Services Webpage,
<https://www.stephenscountyschools.com/family/health-and-safety>

School Nurse: _____ Telephone Number: _____

Email Address: _____



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Parent Attestation of Bed Bug Treatment and School Nurse Screening for Re-admittance to School

Student(s): _____

Date(s) of Treatment: _____

Treatment Method: The Georgia Department of Public Health Bed Bug Manual recommends individuals to complete the following:

Shower with hot water and soap. Launder clothes with hot water and detergent. Dry clothes with hot air. See your healthcare provider for treatment of bites as needed.

My student(s) has taken a shower and clothes have been laundered as recommended. The student is ready to be re-screened by the school nurse for re-admittance to school. Please excuse my student for the allowable days related to the Stephens County School System Bed Bug Procedures under the circumstances of bed bugs being observed. If my student(s) were treated by a physician, I have attached the physician's excuse. Also, I am taking measures to determine whether or not there is an infestation in the home.

Printed Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

School Nurse Re-screen for Bed Bugs and Re-admittance to School Attestation

_____ Parent/Guardian must accompany the student to school after treatment.

_____ Evidence of treatment presented (Attestation Above, OTC bottles/receipts, Dr. Excuse, etc.)

_____ No bed bugs were observed. The student may return to class.

_____ Live bed bugs were observed. The student must return to the care of the parent/guardian.

School Nurse Signature: _____ Date: _____

In the absence of the school nurse:

School Administrator: _____ Date: _____



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PARENT NOTICE OF STUDENT PROXIMITY TO SUSPECTED CASE(S) OF BED BUGS

Class Impacted: _____ Date: _____

Your student was reported as potentially being in proximity to a suspected case of bed bugs at school. Please review the information below regarding bed bugs and feel free to implement as you see fit or consult with your physician. Please feel free to contact me at your discretion.

Helpful Resources Regarding Bed Bugs:

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- **Children's Healthcare of Atlanta -**
<https://www.choa.org/~media/files/Childrens/medical-professionals/nursing-resources/bed-bugs.pdf?la=en>
- **Georgia Department of Public Health: Insects and Diseases:**
<https://dph.georgia.gov/environmental-health/insects-and-diseases>
- **Environmental Protection Agency:**
<https://www.epa.gov/sites/default/files/2016-07/documents/bed-bug-guidance-for-parents.pdf>
- **Stephens County School System Health Services Webpage:**
<https://www.stephenscountyschools.com/departments/student-services/health-services>

Bed Bug Guidelines:

- Everyone in the household should be checked for live bed bugs for two weeks, then randomly.
- If bed bugs are found, then follow recommendations from GA DPH, CDC, CHOA or other reputable sources (ex. seal up clothes, wash in hot water with detergent, dry clothes with hot air, etc.)
- Consult your health care provider regarding bites.
- Consult your pest control company if you feel it to be necessary.

School Nurse: _____ Date: _____