



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.
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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: _____