

Head Lice (Pediculosis) Log

School: _____

[illegible]

Print	Signature	Initial

NEGATIVE - POSITIVE +
COMMENT C (USE BACK OF FORM)



ESCAMBIA COUNTY PUBLIC
SCHOOLS
HEALTH SERVICES
30 E. TEXAR DR
PENSACOLA, FL 32503
(850) 469-5456

Student Name: _____

Student ID: _____

DOB: _____

Clinic Treatment Notes

School Year: _____

REMEMBER TO DATE/TIME, AND SIGN/TITLE YOUR NOTES