

PEDICULOSIS (Head Lice) VERIFICATION OF TREATMENT FORM
FIRST TREATMENT and INSPECTION

DATE: _____ TO: _____
Name of School

This is to notify you that _____ (child's name) had a treatment with _____ (Name of Product) on _____ (Date) and I have removed all of the nits (eggs) and am working on the necessary treatment of the home environment. I understand the product treatment must be repeated as the product requires and a daily inspection of the child's head is necessary. A second lice inspection will take place in 7 days.

Signature of Parent

Parent must accompany child returning to school after the first treatment.

PEDICULOSIS (Head Lice) FORM
SECOND INSPECTION
(7 days after the First Inspection)

DATE: _____ TO: _____
Name of School

This is to notify you that _____ (child's name) has been using _____ (Name of Product) as the product requires and continuing to check my child's head daily. I have completed the necessary treatment of the home environment. Student will be checked again by school personnel. If lice or nits are present the child will be sent home and not readmitted to school until they are gone.

Signature of Parent

PEDICULOSIS (Head Lice) FORM
THIRD INSPECTION
(7 days after the Second Inspection)

I have checked and my child is still lice and nit-free. If nits or lice are present the child will be sent home and not readmitted until they are gone.

Signature of Parent

Signature of Nurse (signed at inspection)

Student is: Cleared _____

Not Cleared _____

