

Woodridge Local School District

PEDICULOSIS (HEAD LICE) TREATMENT FORM

DATE: _____

TO: _____
Name of School

This is to notify you that _____ (child) had begun treatment with
_____ (type of treatment) on _____ (Date)

and I have begun to remove head lice and nits and to do the necessary treatment of the home environment. I understand that all live head lice must be removed before the child can return to school.

I understand my child's hair will be checked at school by School Health Services Staff or a designated school employee upon return to school and again in 7-10 days.

Signature of Parent

10/1/11
3/13/12
4/12/12
12/3/12
4/10/18