

**DELAWARE CITY SCHOOLS**

PEDICULOSIS (Head Lice) TREATMENT FORM

DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
Name of School

This is to notify you that \_\_\_\_\_ (child) had shampoo treatment with  
\_\_\_\_\_(Name of Medicated Shampoo) on  
\_\_\_\_\_(Date) and I have begun to remove nits and to do the necessary treatment  
of the home environment.

\_\_\_\_\_  
Signature of Parent

Parent should accompany their child on the day s/he returns to school.