

PEDICULOSIS (Head Lice) TREATMENT FORM

DATE: _____

TO: _____
Name of School

This is to notify you that _____ (child) has been treated
_____ (what was done) 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.

12/05