

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.

5/06