SCHOOL READMITTANCE FORM HEAD LICE

Schoo	1:	
Student's Name: Grade:		
Method of treatment: (Include brand names of shampoos, lotions, etc.)		
Date(s) of treatment:	
Checl	c list:	
	All family members have been of	hecked.
	All clothing, sheets, towels and (at least 130 degrees) and dried (Remember coats, hats, earmuff	blankets have been washed in hot water in a hot dryer for at least 20 minutes. s, scarves, etc.)
	upholstered furniture have been	rugs also), car, van, etc. and all other vacuumed and preferably sprayed with every day for a minimum of seven days
	(including stuffed animals) have	ich cannot be washed or dry-cleaned e been stored in sealed plastic bags. (The least two months—put outside in garage,
-		th barrettes, ponytail holders, etc. and led using recommended insecticide.
	recommended procedures have	veterinarian has been contacted and been followed. (Please note, lice do not temporarily carry the lice. Pets should appoos or other insecticides.)
As a	condition of readmittance, one of	the following is required:
1. 2	My child is returning to s My child is not nit-free, a written physician approval (atta	nd therefore is returning to school with
	Parent Signature	Date