

(School Letterhead)

**Confirmation of Treatment Form**

(Date)

Your child, \_\_\_\_\_, has been found to have head lice and/or nits in their hair. Consequently they will be excluded from attendance at school until treatment is completed and all head lice and/or nits have been removed.

Once treatment has been completed and you have removed all the nits and egg cases, your child may return to school. Please complete this form and return it with your child, and continue to carry out your daily checks.

Thank you for your diligence in this matter. I hope that together we can eliminate head lice and nits from our school.

- 1 I have read the information provided. YES NO
- 2 A prescribed pediculosis treatment has been used. YES NO  
Name of product: \_\_\_\_\_
- 3 Nit (egg) removal has been done. YES NO
- 4 A daily nit check will be done for 10 days. YES NO
- 5 A repeat of the treatment after 7 days has been done or is planned. YES NO
- 6 Environmental treatment has been done. YES NO  
(You should wash bed linens, recently worn clothing, combs and brushes of the infested person)

If you need assistance with the treatment instructions, please call the Windsor-Essex County Health Unit (258-2146 or 1-800-265-5822) or visit their website at [www.wechu.org](http://www.wechu.org).

I feel my child has been successfully treated and, at this time of re-entry to school, meets the criteria for the "Control of Head Lice and Nits" policy.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date