

Pediculosis Management

HEAD LICE TREATMENT STATEMENT

We the parents / guardians of _____ have treated our child for head lice and nits (eggs) according to the guidelines provided by the school nurse and the directions on the product(s) used to treat this condition.

The following product(s) were used:

First Date Treated: _____

Name of Product: _____

Parent/Guardian Signature: _____

Date: _____

First Recheck Date: _____

Results: _____

School Nurse's Signature: _____

As per Hasbrouck Heights district policy, the school nurse will recheck your child 7 to 10 days after the first treatment. If lice and or nits / eggs are present at the time of the recheck, a second treatment will be required and another completed, signed and dated Head Lice Treatment Statement must be submitted upon the child's return to school.

Second Recheck Date: _____

Results: _____

School Nurse's Signature: _____