Stu #	Student's Name	DOB	School	Grade
August 15, 2016				
blood. Head lice	rdian: ion is a common condition where are brown or gray wingless insec nite ovals glued to the hair shaft i	ts that are about the size	of a sesame seed. Lice egg	ıs (nits)
an infested perso headbands, hats	gth of time and they are not carri in to someone else by head to he hooded sweatshirts, sports equi pers and playmates than from the	ead contact or by sharing pment and head gear. C	items such as combs, brush	nes,
Treatments shou a pharmacist or o	ntacts should be checked for hea ld only be used to kill lice or nits loctor before using a head lice tro serious medical conditions or or	and are not designed to eatment on someone who	prevent infestation. Please on is pregnant, has allergies, a	onsult with asthma,
pediculicide shan (eggs) from the hinfestation, check return to school vigned Verificationeck your child's	ppears to have head lice or nit appoor, following the package directair shafts with a lice comb and/or all family members, but treat on when all lice and nits have been con of Treatment Form (see below hair and verify that all lice and rese refer to the attached "Require	ctions carefully. Once treat ryour fingernails and disply those who actually have completely removed from the bw) when returning your control is	ated, you must also remove pose of them properly. To prove lice or nits. Your child is resulted hair and scalp. You must be school. A staff memborefore releasing him/her to resulted.	all nits event re- eady to st bring the per will then eturn to the
signs of lice infes presence of lice a your child's head	tay have been exposed to head tation such as frequent head scr and/or nits. Please notify the sch and treat according to the attach sheet, following the guidelines a	atching. Also, check your ool health office at once it ed " <i>Requirements for Tr</i>	child's scalp periodically for f you detect evidence of lice eatment of Head Lice for Sci	the or nits on
If you have any q	uestions or need further assistar	ice, please contact the he	ealth office at 949-936-	
Respectfully, , RN				
School Nurse				
Verification of Treatment Form				
Student's name:				
This is to verify the	nat my child was treated with		on	·
Parent signature:			Date:	