

CHRONIC HEAD LICE LETTER

DATE: _____

To the parents of: _____

Your child's hair was examined at school today and found to have active lice.

According to our schools' new procedure concerning repeated lice infestations, your child **may not** return to school until the hair has been washed with head lice shampoo and until all lice have been removed. Your child must be brought to the nearest School Nurse Office **by a parent or guardian** to be examined by a school nurse **before** returning to school. Please telephone **the school nurse at your child's school** _____ **or at the T.H. McNeese Educational Center (423-798-2646)** to arrange an appointment to have your child examined.

This procedure has been implemented to prevent self re-infestation and transmission of lice to others by those who have repeated, documented head lice.

You can rid your child of lice by closely following the instructions on the shampoo package, by carefully following the cleaning check list attached to this letter and by **removing all nits.**

YOUR CHILD MAY NOT RETURN TO SCHOOL UNTIL:

1. Head lice shampoo has been used.
2. The form below has been signed by the parent.
3. The child has been examined by a school nurse (with parent/guardian) in attendance and form signed.

RE-ADMISSION FORM

_____ has been treated with _____ head lice shampoo.
 (Student) (Shampoo)

 (Parent)

This child has been examined by the school nurse on _____
 (Date)

 (School Nurse/School)