

### Verification of Treatment for Pediculosis (Head Lice)

An approved treatment must be used before a student may return to school. Please complete and verify the below steps:

#### STEP ONE

I have read the information provided and referenced my local Public Health Unit website for additional information.

☐ YES ☐ NO

I have used an approved Head Lice treatment

☐ YES ☐ NO

Type of treatment used: \_\_\_\_\_

I have removed all head lice

☐ YES ☐ NO

I have checked all family members, included adults, and treated if necessary

☐ YES ☐ NO

At successful completion of Step 1, the student may return to school. Please continue with Step 2.

#### STEP TWO

I will be doing a daily head check for the next ten (10) days

☐ YES ☐ NO

I have planned a repeat treatment after seven (7) days to kill any newly hatched lice

☐ YES ☐ NO

I will be advising close contacts that my child has Pediculosis

☐ YES ☐ NO

\_\_\_\_\_  
Parent/Guardian Name

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

\_\_\_\_\_  
Date