

PEDICULOSIS (Head Lice) TREATMENT FORM

DATE: _____

TO: Lincolnview Local Schools
Name of School

This is to notify you that _____ (child) has been treated
_____ (what was done) on
_____ (date) and I have begun to remove nits and to do the necessary treatment
of the home environment.

Signature of Parent

[] Parent should accompany their child on the day s/he returns to school.

5/15/12

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