WITHDRAWAL NOTICE FOR HEAD LICE

Name of School or Child Care Facility: ________________________________

Date: ________________________________

Name of Child: ________________________________ Grade: __________________

To: Parent or Guardian

An inspection of your child's hair today showed that he or she has

[ ] nits (eggs)
[ ] head lice

Your child must be excluded from school or the child care facility until treatment has been given using a product that kills head lice, available from a pharmacy.

Having nits or head lice is not a serious problem, but it does require that treatment be given immediately and repeated once more in 7-10 days. Your child may return to school or the child care facility after the first treatment.

Check the heads of all household members. Those who have head lice should be treated at the same time.

Please read and carefully follow the instructions on the attached Head Lice Fact Sheet prepared by Ottawa Public Health.

__________________________
Principal/Director/Delegate

Please complete these sections and have your child return them to the school or child care facility after each treatment.

NOTICE OF HEAD LICE TREATMENT #2 (7-10 days after treatment #1)

I have applied ___________________________ to the hair of ___________________________

(name of product) (child’s name)

class of ___________________________ on ________________

(teacher’s name) (date)

__________________________
Signature of Parent or Guardian

NOTICE OF HEAD LICE TREATMENT #1)

I have applied ___________________________ to the hair of ___________________________

(name of product) (child’s name)

class of ___________________________ on ________________

(teacher’s name) (date)

__________________________
Signature of Parent or Guardian

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