

STUDENTS

Policy 2836
(Form 2836.2)

Student Services

Head Lice and Nits

This form must be completed by the parent/guardian, signed and returned to the appropriate Central R-III School Office before your child can be readmitted. By signing this form you are stating that you have taken the recommended steps outlined in treating your child for head lice.

Name of Student: _____ Grade _____

Was treated with _____ on _____
(Name of shampoo treatment) (Date of treatment)

Signed: _____ Date _____
(Parent/Guardian)