

To the Parent/Guardian of: _____ Date: _____

HAIR CHECK RESULTS: _____

LETTER TO PARENTS/GUARDIANS--IMPORTANT NOTICE--PLEASE READ COMPLETELY

Your child has evidence of head lice. This means your child contracted lice from other children at school or family members, through head-to-head contact or sharing combs, hats, helmets or from furniture or bedding.

You should take the following steps:

1. Inspect all family members. Treat only those with live lice or many eggs [called nits]. Nits are tiny, white to grey in color, and are “glued” onto the hair close to the scalp.
2. The recommended treatment is a cream rinse containing Permethrin [Brand name Nix] or you may use a lice shampoo containing Pyrethrins such as Rid. Wash hair with shampoo without conditioner and towel dry. Apply Nix as directed – do not dilute it. Do not leave on longer than directed, doing so does not increase the effectiveness. Note: After treatment, live lice take 12-24 hours to die.
3. If the child is re-infested or still has nits it is recommended to repeat the treatment in 7-10 days.
4. Remove all nits. Lice products do not kill all nits. A metal pronged comb called “Lice meister” works best and is available at pharmacies for \$15.00. It can be washed and boiled prior to reuse. This comb does not work on very fine hair, you may need to pull the nits off using your fingernails.
5. Wash clothes and bedding in hot water and dry in a hot dryer. Vacuum carpets and furniture. Lice spray for furniture is not advised, it is a pesticide. Wash combs and brushes in hot soapy water.
6. Pregnant and nursing women should not use lice products. Do not use lice products on infants. Check with your Doctor.

TO BE READMITTED TO SCHOOL:

1. All live lice must have been removed. We strongly recommend that all nits be removed as well.
2. Students must be brought to school by a parent or guardian to have his/her hair checked before going to class.
3. The student will be checked for evidence of lice weekly for the next 3 weeks.

If treatment is not successful contact your school nurse for advice. _____

I have read and complied with requirements 1 – 5 above.

Parent/Guardian Signature

Date