

Insert School Name or Logo Here



[DATE]

Dear Parent or Guardian,

Today, lice and/or nits were found on your child or in your child’s belongings. It is important to your child’s health and to the school community that you inspect your home and family members for signs of lice and/or nits.

Enclosed you will find information about lice and an identification guide to help you with your inspection. Once you have inspected your home, please fill out the form below and return to the school office by \_\_\_\_\_.

Sincerely,

School Administration

\_\_\_\_\_

I have been informed that lice and/or nits were found on my child at school. Although head lice do not pose a significant health hazard they can spread to other people at your child’s school and the community. I have read and understood the educational materials provided to me regarding bed bugs, and have:

- Carefully checked my family and home for signs of lice signs and symptoms myself
- Hired a professional to check my family and home for signs of lice. Name of professional:

\_\_\_\_\_.

After completing a careful inspection, I certify that to the best of my knowledge:

- I found signs of lice in my home, and I will take the following actions to eliminate this:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- I did not find signs of lice in my home at this time. If I find evidence of lice in the future, I will notify the school immediately and take action to address the infestation.

I understand that lice can be spread to other children or people if they have direct contact meaning head to head contact from playing, wearing infested clothes, using infested combs and brushes, or lying on carpet, bedding, or couches that have recently been in contact with an infested person. I understand that if lice are repeatedly found on my child, that the school may take additional actions to protect the school community from lice.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Pest management professional’s signature \_\_\_\_\_