



Kilberry Valley Primary School

Dear Parent / Guardian / Carer of _____

Head lice or eggs have been detected on your child and it is very important for you to treat your child as soon as possible, using safe treatment practices. Please see the attached advice regarding detection and treatment methods for head lice and eggs.

It is very important for you to notify Kilberry Valley Primary School and to advise when appropriate treatment has commenced.

It is important to note, that health regulations require that where a child has head lice, that child should not return to school until the day after appropriate treatment has started. Please note that this refers only to those children who have live head lice and does not refer to head lice eggs.

Thank you for your cooperation.

Neil Cunningham

Principal

Kilberry Valley Primary School



(Please complete this form and return to school as soon as possible.)

CONFIDENTIAL

ACTION TAKEN – STUDENT HEAD LICE

PARENT / GUARDIAN / CARER RESPONSE FORM

Student's Full Name: _____ Grade: _____

Treatments used: _____

Treatment commenced on (insert date) ____/____/____

I understand that I will need to follow the treatment guidelines as outlined on the product used.

Signature of parent / carer / guardian: _____ Date: _____