**(Insert school details)**

Dear Parent/Guardian/Carer,

Head lice or eggs are suspected to 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 visit www.betterhealth.vic.gov.au and search for “head lice (nits)” for advice on finding, treating and preventing head lice.

It is very important for you to notify (insert school name) 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. More information about exclusion requirements can be found by searching for “school exclusion table” at www.health.vic.gov.au.

Please complete the below form and provide this to (insert principal’s name), on the return of your child to school.

**…………………...………….………………………………………………………………………**MCj02344460000[1]

**Action Taken – Student Head Lice**

**Parent/Guardian/Carer Response Form**

To: (insert principal’s name), **CONFIDENTIAL**

Student’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Level: \_\_\_\_\_\_

I understand that my child should not attend school with untreated head lice.

I used the following recommended treatment for head lice or eggs for my child (insert name of treatment) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Treatment commenced on (insert date) \_\_\_/ \_\_\_/\_\_\_

Signature of parent/carer/guardian: ……………………………. Date……………………