

HEAD LICE TREATMENT

FORM I

NAME OF CHILD/CHILDREN _____

I have given the first head lice treatment and removed all nits from my child as stated is my responsibility by the Colby School Board policy and guidelines on treatment of head lice/nits.

Name of Product _____

Date and Time Used _____

Parent/Guardian Signature _____

(If required by the product used.)

HEAD LICE TREATMENT FORM II

NAME OF CHILD/CHILDREN _____

I have given the second head lice treatment and removed all nits from my child as stated is my responsibility in the Colby School Board policy and guidelines on treatment of head lice/nits.

Name of Product _____

Date and Time Used _____

Parent/Guardian Signature _____