

INITIAL LICE TREATMENT VERIFICATION FORM

PLEASE COMPLETE THIS FORM AND RETURN WITH THE ENTIRE BOX FROM THE LICE TREATMENT UPON THE CHILD'S RETURN TO SCHOOL

I have treated my child, _____
with _____ shampoo
on _____ and have attempted to remove all nits.

Parent/Guardian Signature



SECOND LICE TREATMENT VERIFICATION FORM

A SECOND TREATMENT SHOULD BE ADMINISTERED IN 7-10 DAYS AFTER INITIAL TREATMENT. COMPLETE THIS FORM AND RETURN WITH THE ENTIRE BOX FROM THE LICE TREATMENT.

I have treated my child, _____
with _____ shampoo
on _____ and have attempted to remove all nits.

Parent/Guardian Signature