

Series **400** **Students**
Section **450** **Student Health and Welfare**
Form **453.22F1** **Head Lice Control Form 1**

**HEAD LICE TREATMENT VERIFICATION
FIRST TREATMENT**

In order for a student to be readmitted, this form is to be signed by a parent or guardian and must accompany the student on the day of his/her return to school.

Name of Child _____ School _____

My child has received treatment for head lice (pediculosis) and has complied with the Kewaskum School District Treatment Recommendations in accordance with the State of Wisconsin Division of Health guidelines.

Name of medication used in treatment: _____(Name or shampoo or rinse.)

Signature of parent/guardian _____

Date _____

Cross Reference: 453.22

Reviewed: 2004

