

Series	400	Students
Section	450	Student Health and Welfare
Form	453.22F2	Head Lice Control Form 2

**HEAD LICE TREATMENT VERIFICATION
SECOND TREATMENT**

The second treatment, if required, must be administered according to product information no later than 10 days following the first treatment.

In order for a student to continue in school, parents are requested to sign this verification of a second treatment. This form should be returned to the school office immediately after the treatment has been applied.

Name of child _____ School _____

My child has received the second 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 of shampoo or rinse)

Signature of parent/guardian

Date

Reviewed: 2004