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## CONFIRMATION OF TREATMENT FORM

Dear Parent/Guardian:

Your child, \_\_\_\_\_ has been found to have head lice and/or nits in his/her hair. Consequently he/she will be excluded from attendance at school until treatment is completed and all head lice and/or nits have been removed.

Once treatment has been completed and you have removed all the nits and egg cases, your child may return to school. Please complete this form and return it with your child, and continue to carry out your daily checks.

Thank you for your diligence in this matter. I hope that together we can eliminate head lice and nits from our school.

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|--|-----|----|
| 1. I have read the information provided.                                       | YES | NO |
| 2. A prescribed pediculosis treatment has been used.<br>Name of product: _____ | YES | NO |
| 3. Nit (egg) removal has been done.  | YES | NO |
| 4. A daily nit check will be done for 10 days.                                 | YES | NO |
| 5. A repeat of the treatment after 7 days has been done or is planned.         | YES | NO |
| 6. Environmental treatment has been done.                                      | YES | NO |

(You should wash bed linens, recently worn clothing, combs and brushes of the infested person)

If you need assistance with the treatment instructions, please call the Health Unit (519-258-2146 or 1-800-265-5822 extension 1350) and ask the Intake Nurse for information.

I feel my child has been successfully treated and at this time of re-entry to school meets the criteria for the "Control of Head Lice and Nits"

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Form Nbr: SA10045

Rev. Date : Nov 2011

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