Plano Independent School District

Pediculosis Exclusion Letter

To the Parents Of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date­­­\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_ Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your child had a hair check today and he/she shows evidence of head lice. This is a treatable condition that is generally not associated with any medical complications. In order to prevent the spread of lice, your child must be free of live lice before he/she can return to school. See attached for treatment procedures. Along with the recommended treatment, removal of the nits (eggs), and decontamination of personal articles, check all household members for lice and treat if necessary. The attached letter will acquaint you with the nature of this infestation and how to treat it.

In order to return to school your child must be:

1. **Treated for lice (see attached) There should also be evidence of a reduction in nits (eggs) through manual removal (nit comb).**
2. **There cannot be any evidence of live lice.**
3. **Child must be checked by the school nurse or other designated staff to validate the absence of lice and reduction of nits (eggs).**

Between 7 to 10 days (preferably day 9 according to the CDC) after the initial treatment, re-treat your child to kill newly hatched lice. The Second Treatment Form (below) is to be received by the school office upon completion of the pediculicide and manual nit removal. Ten days after the second treatment, your school nurse will reinspect your child to determine that no new infestation has occurred.

Your cooperation in this matter is appreciated.

School Nurse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Second Treatment Form**

To the School Nurse:

On my child received his/her second treatment for

(date) (child's name)

pediculosis.

The shampoo used was . Other family members have received a second treatment. (name)

Parent Signature

**✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂**

**First Treatment Form**

To the School Nurse:

On my child received his/her first treatment for

(date) (child's name)

pediculosis.

The shampoo used was . Other family members have been

(name)

treated. The recommended precautions for personal articles and the environment have been followed.

Parent Signature