

## HEAD LICE HOME CHECKLIST

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Check as you complete each step. Bring this checklist to school when your child returns. Your child must be seen and checked by the school nurse prior to returning to the classroom.

1. \_\_\_\_\_ Student was treated with \_\_\_\_\_ (name of treatment) on \_\_\_\_\_ (date).
2. \_\_\_\_\_ All persons living in the house have been examined for head lice. All persons with head lice infestation have been treated.
3. \_\_\_\_\_ All bedding, towels and clothing used by affected person(s) have been laundered in hot water.
4. \_\_\_\_\_ Combs, brushes, kippot and other hair accessories have been soaked in boiling water for 10 minutes.
5. \_\_\_\_\_ Upholstered furniture and areas where the affected person(s) sit have been vacuumed.
6. \_\_\_\_\_ Items that come into close contact with the affected person(s) that cannot be vacuumed, or laundered have been stored in plastic bags and will remain there for 2 weeks (This includes stuffed animals, pillows and any clothing that has to be dry cleaned.)
7. \_\_\_\_\_ Child's hair has been combed and checked for lice and nits on the morning after treatment and prior to the return to school.

I understand that the removal of nits is strongly recommended to reduce the likelihood of re-infestation.

Parent/Guardian Signiture \_\_\_\_\_

Date \_\_\_\_\_

**A completed checklist must be presented to school when student returns.**

