Head Lice Home Checklist

Student’s Name: ________________________________________________

Check as you complete each step. Bring this checklist and the top of the pediculocide box, a receipt, or other evidence of treatment, to school when your child returns.

1. ________ Student has been treated with pediculocide according to package directions on ____________.
   (Date)
   OR
   ________ Student was treated with ______________________________ 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 and other hair accessories have been soaked in boiling water for 5-10 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 (stuffed animals, pillows, clothing that has to be dry cleaned) have been stored in tightly sealed plastic bags and will remain there for 2 weeks.

I understand that the removal of nits is strongly recommended to reduce the likelihood of reinfection.

______________________________________________________________________

Parent/Guardian Signature                                                                                        Date

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