

CHILD'S INFESTATION (Head Lice) REPORT

Child's Name: _____ Class: _____ Center: _____ Date: _____

Staff name (completing form): _____

Child was checked for head lice at _____ (time) today by _____ (staff name)

Reasons

checked: _____

What appeared to be live head lice untreated nits were discovered.

Was the parent notified? Yes No What time and how? _____

Parent picked child up at school at _____ (time)

Child was delivered to parent's home by _____ (staff name)

Child was delivered to _____ by _____ (staff name)

Child remained at school Explain _____

Letter was given to parent explaining what to do.

A copy of this form forwarded to _____ (F.A. name) date _____

CBT: Email to Health Coordinator – Original to Family Advocate to do HV

Family Advocate is to visit family's home within 48 hours and complete this section with the parent.

Family Advocate visited family on _____ (date)

Child's hair has been treated Yes No What was used to treat hair? _____

If child's hair has not been treated, can family afford to buy a lice kit? Yes No

If child's hair has not been treated, when will it be? _____ (date)

What is the status of the treatment of the environment? Does family have or have access to proper equipment to treat? (Vacuum, washer, dryer, etc.) Explain _____

Additional suggestions, information, or referrals (using Head Lice Handouts or DVD) discussed with family:

Robicomb was checked out and will be returned one week from today.

If treatment has not occurred or if child does not return to class on planned date, F.A. will need to follow up with family again.

Date of next planned visit _____

Date of follow up visit _____ Results of visit _____

Parent Signature: _____ Date: _____