Dear Parents/carers,

A few cases of HEAD LICE have been detected in your child’s classroom/unit, which is quite common at this time of year. The parents/carers are being notified via this letter.

It is extremely important for you to check your child’s head for head lice **TODAY**. Keep checking every 2 days until there are no head lice found for 10 consecutive days.

**If head lice are found:**

- Check all members of the household at the same time and only treat those with head lice
- Use an effective head lice chemical treatment, or use the wet combing technique to ensure all lice are dead or removed
- It is scientifically proven that no chemical lice-killing product is able to kill 100% of nits (lice eggs). Removal of eggs must be done following application of a head lice treatment.
- Eggs can be removed by combing with a special head lice comb or with the fingernails. If eggs are not removed the problem may recur.
- Wash bed linen, hats, hair ties, brushes etc. in hot water
- Repeat after initial treatment
  1. Chemical treatment in 7 days
  2. Wet combing method 2-3 times per week for 3 weeks
- Check all household members daily for 3 weeks and treat anyone found to have head lice.
- Teachers will reduce head-to-head contact activities while head lice are around.

If for any reason you are having difficulties treating the head lice on your child effectively, please contact the school, or the Council’s Environmental Health Section on 8384 0628.

Thank you for your co-operation in this matter.

Yours sincerely,

Judy Cottam
PRINCIPAL
HEAD LICE ALERT NOTICE

ACTION TAKEN AT HOME

Please return this slip to the class teacher on the NEXT SCHOOL DAY.

Information is treated confidentially.

Child’s Name...................................................... Class Teacher...........................................

This is to inform the school that I have received and read the HEAD LICE ALERT NOTICE.

I have checked my child’s hair for head lice    [   ] YES    [   ] NO

[   ] NO Head lice were found

[   ] YES Head lice were found and I HAVE started treating the head lice on my child.

[   ] I will continue treating until my child is free of head lice.

[   ] Head lice were found and I HAVE NOT started treating the head lice on my child.

[   ] I would like some more information about head lice treatment

Parent/Caregiver’s Signature..............................................................Date...............................