

HEAD LICE INSPECTION CONSENT FORM



CONSENT FORM TO CONDUCT HEAD LICE INSPECTIONS

Permission to Cover the Duration of the Student's Schooling at:

Gladeview Christian School

Throughout your child's schooling, the school will be arranging head lice inspections of students.

The management of head lice infection works best when all children are involved in our screening program.

The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation.

The inspections of students will be conducted by a Gladeview staff trained person approved by the principal.

Before any inspections are conducted, the person conducting the inspections will explain to all students what is being done and why, and it will be emphasized to students that the presence of head lice in their hair does not mean that their hair is less clean or well kept than anyone else's. It will also be pointed out that head lice can be itchy and annoying, and if you know you have got them, you can do something about it.

The person conducting the inspections will check through each student's hair to see if any lice or eggs are present.

Persons authorized by the school principal may also visually check your child's hair for the presence of head lice, when it is suspected that head lice may be present. They do not physically touch the child's head during a visual check.

In cases where head lice are found, the person inspecting the student will inform the student's teacher and the principal. The school will make appropriate contact with the parents/guardians.

Please note that health regulations require that where a child has head lice, that child should not return to school until appropriate treatment has been completed. The school may request the completion of an 'Action Taken Form,' which requires parents/guardians to nominate if and when the treatment has started.

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Parent Name: _____

Address: _____ Zip Code: _____

I have been informed of the above school's head lice inspection program.

Parent Signature: _____ Date: _____