



HEAD LICE - ALERT NOTICE

Dear Parents and Caregivers,

Head lice have been detected in your child's year level.

PLEASE check your child's hair TODAY and keep checking every 2 days until no head lice are found for 10 days.

If you do find head lice, commence effective treatment immediately and be sure to complete the treatment process. This will help prevent head lice from spreading.

Please complete the form below and return to the College. Thanks
for helping to stop the cycle.

Yours faithfully,

Peace Lutheran College Teaching Team and Nurses

HEAD LICE - ACTION TAKEN AT HOME

We are a 'health promoting' school which means we value the physical and emotional health of everyone in our school community. In dealing with head lice we consider:

- The need for accurate information and support to decrease myths and blame
- The importance of feeling good about ourselves and others
- The need for everyone to work together

Detecting and treating head lice is the responsibility of families.

As a school we ensure:

- Limited head-to-head contact between students
- Students with long hair wear it tied back
- Parents are informed of outbreaks within classes
- Children with head lice are removed from class in order to limit contact until they have begun treatment

As a guide the following information (from Queensland Government Head Lice in Primary Schools Management Kit) is provided to assist you in managing head lice at home:

- Head lice: the facts
- Detection (finding the head lice)
- Conditioner and combing method – Proactive strategy
- Chemical treatments – Reactive strategy
- When treatment does not seem to work
- What about house and personal belongings?

Remember... **CHECK WEEKLY – TREAT QUICKLY – TELL THE SCHOOL**

Together let's STOP the cycle!

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This is to inform the school that I acknowledged my child _____ in class _____ has head lice.

I have

- Commenced conditioner and combing treatment
- Commenced a chemical treatment
- Commenced another treatment being

Not commenced treatment for the following reason/s

Date: _____

Parent/Caregiver Name: _____ Parent/Caregiver Signature: _____

_____ This form will be kept on the student's medical file.