



Pediculosis (Head Lice) English

Administrative Procedure

Return to School Parent Confirmation Form:

- I am confirming that my child has completed a pharmacist recommended treatment for head lice.
- I also understand that I should examine my child daily for 7-10 days and will re-treat my child as per product/pharmacist directions as required.

Name of Student

Class

Signature of parent/guardian

Date

Personal information is collected on this form in compliance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M56, and is collected under the authority of the Education Act, R.S.O. 1990, c. E.2. and will be used for purposes related to the regular operational requirements of the educational and administrative functions of the Halton District School Board. For additional information about how the HDSB uses personal information please see the HDSB Statement of Personal Information Practices or, contact your school Principal.