

NLCS 8/06

Name: _____ Date: _____

HEAD LICE AND NIT CHECKLIST

To be filled out by parent/guardian and returned to school with the child.

1. _____ Check all family members for lice or nits.
2. _____ Treat hair with the lice product, **FOLLOWING PACKAGE DIRECTIONS**. Be sure to treat hair over a sink using a towel to cover the eyes, **NOT** in the bathtub or shower.
3. _____ If your child has nits, add a small amount of vinegar to the rinse water then wrap the hair in a warm towel for thirty (30) minutes.
4. _____ After treatment, remove all nits and/or lice with a fine tooth comb or fingernails. Be sure to put the removed lice or nits in a wastebasket.
5. _____ Machine wash in **HOT** water and dry in **HOT** dryer, all clothing and bed linens the child has used in the last three (3) days. This includes coats, hats, scarves, and towels.
6. _____ Pillows and stuffed animals your child sleeps with can be put in a hot dryer for twenty (20) minutes.
7. _____ Seal all items that can't be washed and dried in a plastic bag for two (2) weeks.
8. _____ Soak combs, brushes, rollers, barrettes, heads bands and other hair items in HOT SOAPY WATER FOR ONE (1) hour or soak them in the medicine.
9. _____ Vacuum floors, rugs, upholstered furniture, and mattresses. (Use of lice sprays can be harmful to people and pets, and is not recommended.)
10. _____ Check package directions on the lice product for possible retreatment in seven to ten (7 to 10) days.
11. _____ Check family members daily for ten (10) days. If more lice or nits are found, contact your school nurse or the County Health Department.
12. _____ **All children sent home for head lice must be brought to the school office by a parent to be checked prior to returning to class.**

Date treated: _____

School: _____

Parent/Guardian: _____