



Jamestown Public School District #1

DR. ROBERT LECH, SUPERINTENDENT
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JOE HEGLAND
Curriculum and Professional Development

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HEAD LICE TREATMENT VERIFICATION FORM

Please complete the information below and the checklist on the back of this form and return it to school.

Child's Name: _____

Parent/Guardian Name: _____

Date: _____ Daytime Telephone Number: _____

Name of lice treatment product used: _____

Date lice treatment product was last used: _____

Number of treatments completed: _____

Name of other school-aged children residing in home and the name of their schools

Comments: _____

**** Remember, be proactive and check your child's hair often to prevent the exchange of live louse and nits. Educate your child about sharing hair accessories, clothes, uniforms, costumes, coats, etc. Please be honest and have open communication with the school and other parents regarding exposure to live louse and nits.**

Parent/Guardian Signature

For Office Staff Only:

Treatment Information Offered: Yes (Date) _____ / No

Treatment Verification Form Returned: Yes (Date) _____ / No