Attachment 1

Head lice action form

Date: Click or tap to enter a date.

Dear parents/guardians,

We have detected head lice or lice eggs on your child and it is very important for you to treat your child as soon as possible, using safe treatment practices. Please read the pamphlet *Treating and controlling head lice* from the Department of Health and Human Services (DHHS). [Treating and controlling headlice](https://www2.health.vic.gov.au/about/publications/factsheets/Treating-and-controlling-headlice) . This contains guidelines regarding detecting and treating head lice and lice eggs.

Please note that while head lice do not spread disease, they are included in the *Minimum Period of Exclusion from Primary Schools and Children’s Services for Infectious Diseases Cases and Contacts* published by the DHHS which defines the minimum period of exclusion from a children’s service for children with infectious diseases. According to this table, where a child has head lice, that child must be excluded until the day after appropriate treatment has commenced.

Please keep your child at home until appropriate treatment has commenced and use the form provided below to notify the kindergarten, when your child returns to the service, of the action taken by you to treat the head lice/eggs.

Head lice treatment – action taken

Parent/guardian response form

CONFIDENTIAL Child’s name: Click or tap here to enter text. Group: Click or tap here to enter text.

I understand that my child must not attend the service with untreated head lice or lice eggs.

I have used the following recommended treatment for head lice or lice eggs for my child:

Click or tap here to enter text. [write name of treatment used].

Treatment commenced on: Click or tap to enter a date. [write date treatment was first used].

Signature of parent/guardian: Date: Click or tap to enter a date.