Head Lice Alert Notice

Dear parent/guardian,

Head lice have been detected in the school. The parent /carers of all students are being notified via this letter.

**IT IS EXTREMELY IMPORTANT FOR YOU TO CHECK YOUR CHILD’S HEAD FOR HEADLICE TODAY.**
Keep checking every 2 days until there are NO HEAD LICE found for 10 consecutive days.

If head lice are found-
Please treat your child for head lice and use a fine tooth head lice comb (available from your local chemist) to remove all lice and their eggs. This will prevent head lice from spreading.

Also:
- Check all members of the household at the same time and only treat those with head lice.
- Use an effective head lice chemical treatment or use the wet combing technique (information available from Thiele front office) to ensure all lice are dead or removed.
- Wash bed linen, hats, hair ties, brushes etc in hot water.
- Check all household members daily for 3 weeks and treat anyone found to have head lice.
- Repeat chemical treatment in 7 days after initial treatment (as per instructions on the package), or 2-3 times per week for 3 weeks if using the wet combing method.

Teachers will discourage head-to-head contact activities while head lice are known to be around.

If for any reason you are having difficulties treating the head lice on your child **effectively**, please contact Nicole Moore, Environmental Health Officer at the City of Onkaparinga on 8384 0628

**...THIELE SCHOOL – HEADLICE NOTICE**

**ACTION TAKEN AT HOME**

Please return this slip to the class teacher with your child on the next school day.

Information is treated confidentially.

This is to inform the school that I have received and read the **Alert Notice** about head lice. (Please tick appropriate boxes)

My child .............................................................. Class .......... has had his/her head inspected
☐ Yes
☐ No
☐ NO head lice were found
☐ Head lice were found and I HAVE started treating the head lice on my child. I will continue treatment until my child is free of head lice.
☐ Head lice were found and I HAVE NOT started treating the head lice on my child.

**IN WHICH CASE YOUR CHILD WILL NEED TO REMAIN HOME UNTIL TREATMENT IS COMMENCED.**
☐ I would like some more information about head lice treatment.

Signed(parent/caregiver) ............................................................................................................. Date ................................