



HEAD LICE PROOF OF TREATMENT CHECKLIST

Student's Name: _____

Grade/Section/Teacher: _____

Date: _____

Your child has evidence of head lice. Items in your home and other members of your household may also be infested with head lice. In order to get rid of this problem and to prevent your child from getting head lice again, please complete activities and mark them on the following checklist. Return this completed checklist with your child upon readmission to school.

Required Treatment

1. Did all infested household members, including your child have treatment for killing or removing head lice? (May include lice shampoo, oral medication, comb outs)

YES NO

2. Did all household members found to have lice have their hair combed with a fine- toothed comb to remove all live lice?

YES NO

3. The Center for Disease Control recommends a second treatment when using a prescription or over-the-counter medication. If using one of these methods, do you have a plan for a second treatment?

YES NO

4. Do you have a plan for daily inspection at home of all family members for at least 2 – 3 weeks?

YES NO

Additional Recommended Treatment Steps

1. Did all household members put on clean, laundered clothes immediately after the shampoo treatment?

YES NO

2. Were all clothes, which had been worn 48 hours prior to the treatment, cleaned in one of the following manners?

- a. Dried in a very hot dryer (130°F) for at least 5 minutes
- b. Dry cleaned
- c. Sealed in an airtight plastic bag for a minimum of 2 weeks?

YES NO

3. Were bath towels and washcloths, which were used 48 hours before or during treatment, cleaned in one of the following manners?

- a. Dried in a very hot dryer (130°F) for at least 5 minutes
- b. Dry cleaned
- c. Sealed in an airtight plastic bag for a minimum of 2 weeks

YES NO

4. Was the bedding (used 48 hours before treatment) including pillows, pillowcases, sheets, blankets, bedspreads, and stuffed animals cleaned in one of the following manners?

- a. Dried in a very hot dryer (130°F) for at least 5 minutes
- b. Dry cleaned
- c. Sealed in an airtight plastic bag for a minimum of 2 weeks

YES NO

5. Were hats, headgear and coats which were worn 48 hours before treatment, cleaned in one of the following manners?

- a. Dried in a very hot dryer (130°F) for at least 5 minutes
- b. Dry cleaned
- c. Sealed in an airtight plastic bag for a minimum of 2 weeks

YES NO

6. Were all hair brushes and combs cleaned in one of the following manners?

- a. Soaking in very hot (130°F) water for 5-10 minutes
- b. Sealed in an airtight plastic bag for a minimum of 2 weeks

YES NO

7. Has the house been vacuumed, including:

- a. fabric covered furniture
- b. removable cushions
- c. mattresses
- d. carpeting
- e. car upholstery

YES NO

8. Does everyone in your household understand not to share clothing, hair combs, bands, brushes and hair accessories?

YES NO

Type of Treatment Used: _____

Parent/Guardian Signature: _____ Date: _____