

Minesing Central Public School
7 Huron Street
Minesing, ON
L0L 1Y0
(705) 728-1944
Sonia Kadela, Principal
Christopher Kemp, Vice-Principal



CONFIRMATION OF TREATMENT FOR PEDICULOSIS

Please complete the following. You or your child must return this signed form to the school office before your child returns to the classroom.

Child's Name _____ Class _____

I have treated my child with _____ according to the instructions of this treatment product.

I am aware that I will need to retreat my child 7-10 days from the first treatment to kill any newly hatched lice.

After examining my child's hair following treatment, I have found no evidence of lice.

Date _____ Signature of Parent/Guardian _____

The information which is being requested on this form is collected under the authority of the *Municipal Freedom of Information and Protection of Personal Privacy Act* and the *Education Act* and its regulations and will be used as part of the board's head lice management program in its schools. A copy will be kept in the school for one year at the Education Centre, Simcoe County District School Board, Midhurst, Ontario. (1-705-734-6363). The contact persons for inquiries concerning the collection of this information are the superintendents of education
