

\_\_\_\_\_  
Organisation stamp

# DECLARATION

## for the community facility (school, care centre, kindergarten, crèche)

Please complete this declaration and give it to the person in charge of the facility when your child returns to the facility after monitoring, and treatment if necessary, and is free of lice.

\_\_\_\_\_  
Name of child

*Please tick as applicable:*

I have **NOT** found any lice/nits on my child:

- I have read the information sheet
- I have examined my child as per the instructions, found no lice or nits and will continue to monitor the situation for another 14 days, twice a week

I have found lice/nits on my child:

- I have given my child an initial treatment with the solution (name)..... and will repeat the treatment in 8-10 days just to make sure.
- I have not found any more living lice 12 hours after the first treatment.
- I will continue to monitor my child's head for another 2 weeks, twice weekly, with the nit comb after the treatment has been a success.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian