Early Years Policy – Dealing with Infectious Diseases (including Child Immunisation)

Attachment 1 – Template Head Lice Action Form

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 attached pamphlet *Treating and controlling head lice* from the Victorian Department of Health. This contains guidelines regarding detecting and treating head lice and lice eggs.

Please note, while head lice do not spread disease, they are included in the Department of Health’s *Minimum Period of Exclusion from Primary Schools and Children’s Services for Infectious Diseases Cases and Contacts*, 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 from the service until the day after appropriate treatment has commenced.

Please use the form provided below to notify [Service Name] of the action taken by you to treat the head lice/eggs, upon your child's return to the service after the exclusion period.

Head lice treatment – action taken

#### Parent/guardian response form

To

CONFIDENTIAL

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treatment commenced on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_