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Permission to cover the duration of the student's schooling at this school.

CONSENT FORM FOR HEAD LICE INSPECTIONS

Throughout your child's schooling, the school will be arranging head lice inspections of students. The management of head lice infection works best when all children are involved in our screening program. The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality, and avoiding stigmatisation and providing education regarding this subject.

The inspections of students will generally be conducted by trained volunteers as part of our Parent-Managed Head Lice Program and these volunteers are approved by the Principal and School Council. The volunteers have signed a confidentiality agreement and have a current 'Working with Children Check'. On occasion it may be necessary for Latrobe City Health Department staff to participate in these inspections.

The person conducting the inspections will check through each student's hair to see if any lice or eggs are present. In cases where head lice and/or live eggs are found, the person inspecting the student will inform the student's teacher and the Principal. The school will make appropriate contact with the parents/guardians regarding school policy of isolating children found with live lice and/or eggs.

Please note that health regulations requires that where a child has head lice, that child should not return to school until the day after appropriate treatment has commenced. The school will request the completion of a 'notification of treatment form', which requires parents/guardians to nominate if and when the treatment has started. The form is to be handed to the Principal / Assistant Principal prior to the recheck on students return to school.

Name of child/ren attending the school:

Parent/guardian full name:

I hereby give my consent for the above named child to participate in the school's head lice inspection program for the duration of their schooling at this school.

Signature of parent/guardian: _____

Date _____

HEAD LICE MANAGEMENT AGREEMENT

I have read the Kosciuszko St Primary School's Head Lice Policy and agree to the parent/guardian responsibilities contained within this Policy.

Signature of parent/guardian: _____

Date _____

Please inform the school if guardianship/custody changes for your child, as this form will need to be re-signed to reflect these changes.