**Consent to Inspection for Head Lice**

The South Australian Health Commission recommends that everyone checks their hair every week for head lice.

Checking and treating children’s hair is by law a parent’s responsibility.

Good Shepherd Lutheran School offers our Senior First Aid Officer to check if there is a suspected community outbreak of head lice. This form seeks consent for your child’s head to be inspected if the need arises.

**Please complete this form and return it to the office.**

I understand and accept that any children found to be infested will be withdrawn from close contact with other children until collected for treatment by parents or caregivers. I understand that I will need to collect my child promptly if head lice or nits are evident as a result of this check.

☐ I give permission for the schools Senior First Aid Officer to check my child’s hair for nits and head lice. I understand any such check will be conducted sensitively.

OR

☐ **I DO NOT** give permission for the school’s Senior First Aid Officer to check my child’s hair for nits and head lice. I will do this. I understand that my child can be excluded from school where infestation is suspected. I understand it is my responsibility to arrange collection of my child from school when notified. I understand that approval for re-entry may require provision of advice from a doctor that my child is free of head lice and nits.

Child’s Name: ____________________________ Class: __________

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Child’s Name: ____________________________ Class: __________

Parent’s Name: __________________________

Parent’s Signature: _________________________ Date: ____________