

Permission to cover the duration of the student's schooling at:

SOMERVILLE PRIMARY SCHOOL
Parent-Managed Head Lice Program

CONSENT FORM

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. For the many families and teachers of school-aged children, head lice continue to create concerns. While it is known that head lice do not carry any infectious disease, the principal, teaching staff and school council at Somerville Primary School have developed a parent-managed head lice program to help parents manage head lice. A group of volunteer parents at the school have coordinated the program and it is fully supported by the school. All volunteer parents sign a confidentiality agreement to ensure information privacy for all children and their families.

Program goals include:

- Reduce the frustration and misinformation associated with head lice.
- Decrease the concerns regarding head lice within the school community
- Protect families from misusing potentially harmful insecticide treatments.
- Promoting regular home based screening using a conditioner and comb method.

We invite you to include your child in our screening program, which runs one to two screenings per term.

There are two options used by the volunteer parents to check your child's hair

1. Ordinary hair conditioner and a head lice comb or
2. "Dry" checking without conditioner.

****There are no toxic chemicals used in either method and no treatment is undertaken at the school.**

Regular updates about our program will appear in the school's newsletter. Interested parents are welcome to participate in the screening program. For further details and information please feel free to contact the school.

Thankyou

Sue Goodall,
Principal

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CONSENT FORM

I **give/do not give** permission for my child/ren to participate in the Parent-Managed Head Lice Program at Somerville Primary School.

Child:	Grade:
Child:	Grade:
Child:	Grade:
Parent/Guardian Signature:	Date: