**Mary Lin Elementary**

**Certification of Initial Treatment for Head Lice**

I certify that my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has received the Initial treatment for head lice (using one of the accepted treatments described by the American Academy of Pediatrics for head lice) on \_\_\_\_\_\_\_\_\_\_\_ and can return to class at Mary Lin Elementary School. My child will receive the second treatment for head lice 7 days after the initial treatment.

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

Signature of parent or guardian Date: