

COLUMBUS COUNTY SCHOOLS

817 Washington St., Whiteville, NC 28472

(910) 642-5168

Nit Check Results

Date: _____

Student: _____

Grade: _____

School attending: _____

Dear Parent or Guardian:

Your child, _____ was checked today in the health room for nits/lice.

Nits were found. Please continue daily nit removal at home. **All** nits must be removed.

Live lice remain present, and parent/guardian states treatment was given according to package instructions, parent/guardian advised to consult a health provider for additional options. _____ (Parent/ Guardian's initials) I acknowledge by signing my initials that I understand the health counseling provided, and that I need to make arrangements for my child to see his/her health provider.

No nits were found. Your child may return to school immediately and he/she will be re-screened on _____.

Please sign below and return this form to your child's school principal. If you have any questions, contact your school health nurse.

Parent signature _____

Screened by: _____