



Consent Form To Conduct Head Lice Inspections

This form will be used for the duration of your child's schooling at Kilmore Primary School

Throughout your child's schooling at Kilmore Primary School, the school may arrange 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. The inspections of students will be conducted by a trained person, approved by the principal and school council.

Before any inspections are conducted the person conducting the inspections will explain to all students what is being done and why and it will be emphasised to students that the presence of head lice in their hair does not mean that their hair is less clean or well kept than anyone else's. It will also be pointed out that head lice can be itchy and annoying and if you know you have got them, you can do something about it.

The person conducting the inspections will check through each student's hair to see if any lice or eggs are present. Person's authorised by the school principal may also visually check your child's hair for the presence of head lice, when it is suspected that head lice may be present. They do not physically touch the child's head during a visual check.

In cases where head lice are found, the person inspecting the student will inform the student's teacher and the principal or assistant principal. The school will make appropriate contact with the parents/guardians/carers.

Please note that health regulations requires that where a child has head lice, that child should not return to school until appropriate treatment has commenced.

STUDENT NAME: _____

I do give permission for my child to participate in the school's head lice inspection program for the duration of their schooling at Kilmore Primary School

I do **NOT** give permission for my child to participate in the school's head lice inspection program

I understand and agree that if I wish to withdraw this permission, it will be my responsibility to inform the school in writing of my decision.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Dated: ___ / ___ / ___