

**NOTIFICATION TO PARENTS
CONCERNING HEAD LICE**

AMBER-POCASSET SCHOOL DISTRICT

Date _____ To the Parents of _____

Your child, _____, has been determined to have contacted head lice. To prevent the spread of this infection to other students in our school, we require a written statement from either the County Health Department or your family physician confirming that your child is lice free. Please give the statement to your child's teacher or the superintendent when he/she returns to school.

Thank you for your attention to this matter.

Superintendent