

EXCLUSION FROM SCHOOL  
(Form 2)

STUDENT \_\_\_\_\_ DATE \_\_\_\_\_  
SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

It is necessary to exclude your child from school because of a possible contagious/communicable condition of head lice, which requires your immediate attention.

The school nurse, family physician, Gallia County Health Department, or other designated school personnel may be called for advice on how to properly treat this problem.

Your child should remain out of school **no more than two (2) days** after treatment. Before returning to school, your child must be examined by the school nurse, family physician, or health department and the attached (**Form 3**) must be completed and returned to the school.

Sincerely,

\_\_\_\_\_  
School Principal

\_\_\_\_\_  
School Nurse

[Adoption date: March 18, 1998]