



# Consent Form – Head Lice Inspections



## Consent for physical head lice inspections of student’s hair.

While parents/carers have the main responsibility for the detection and treatment of head lice, in support of parents Hazelwood North Primary School may conduct head lice inspections of students throughout the duration of their schooling at our school.

The School is aware that this is a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation. Before any inspections are conducted staff will explain to students what is being done and why, and will emphasise to students that head lice do not mean their hair is not clean or well-kept. They will also inform the student that head lice can be itchy and annoying, and if you know you have them you can do something about them.

The inspection of students’ hair will be carried out by School Staff members authorized by the Principal. The person conducting the inspection may:

- carry out a visual check of the student’s hair with no physical contact (Parental/Carer permission not required)
- carry out a physical examination searching through the student’s hair (Signed Parental/Carer consent is required.)

looking for the presence of lice or eggs.

Where head lice are found, the staff member conducting the inspection will inform the student’s class teacher and the Principal. You will be notified by phone and asked to collect your child for treatment. If you are unable to collect your child, they will wait in the First Aid room.

If your child has eggs only, they may stay until the end of the day.

The School will provide the student with a written note to take home to inform their parent/carer that they may have head live lice or eggs. Hazelwood North Primary School may also provide written information about treatment practices.

Once treated, your child can return to school.

### Parental/Carer Consent:

Parent/Carer’s Full Name: .....

Address: ..... Postcode: .....

Student’s Full Name: .....

I hereby **do/do not** give my consent for the above-named child to have their hair physically inspected for the presence of head lice for the duration of their schooling at Hazelwood North Primary School.

Signature Parent/Carer: ..... Date: .....