

CONSENT FORM TO CONDUCT HEAD LICE INSPECTIONS

Dear parents/guardians,

Woodridge Pre-school is aware that head lice infestation can be a sensitive issue, and is committed to maintaining children's confidentiality and avoiding stigmatisation at all times. However, management of head lice infestation is most effective when all children and their families actively support our policy and participate in our screening program.

All inspections will be conducted in a culturally-appropriate and sensitive manner, and information about why the inspections are conducted and the benefits of preventing infestations will be explained to children prior to conducting the inspections.

Only your child's teacher or educators, or an external person approved by the service, such as a nurse employed by the local council, will be permitted to carry out inspections on children at the service. Where there is concern about a potential infection, a child's hair will be inspected for the presence of head lice or lice eggs.

Where live head lice are found, Woodridge Pre-school will notify the parents/guardians and will provide them with relevant information about the treatment of head lice. Other families will be provided with a notice to inform them that head lice have been detected in the group and to encourage them to be vigilant and carry out regular inspections of their own child.

Please note that while head lice do not spread disease, they are included in the *Minimum Period of Exclusion from Primary Schools and Children's Services for Infectious Diseases Cases and Contacts* published by the Department of Health and Human Services (DHHS) which defines the minimum period of exclusion from a children's service for children with infectious diseases. According to this table, where a child has head lice, that child must be excluded until the day after appropriate treatment has commenced.

Child's name: _____ Group: _____

I hereby give my consent for Woodridge Pre-school, or a person approved by Woodridge Pre-school, to inspect my child's head when an infestation of head lice is suspected in the service.

Full name of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____

I do not give consent for my child's head to be inspected. I request that staff contact me when an infestation of head lice is suspected at the service, and I agree to come to the service to complete the inspection myself.

Full name of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____