

Jefferson County Public Schools

HEAD LICE AND/OR NITS REFERRAL INTERVENTION FORM

Student Name: _____ Student ID# _____

Address: _____

Parent/Guardian Name: _____

Parent/Guardian Number: _____

Teacher: _____

Number of Days Absent: _____ Dates Missed Due to Head Lice: _____

Referring Staff Member Name: _____

PLEASE ATTACH COMPLETED HEAD LICE AND/OR NITS RECORD

INFORMATION BELOW IS TO BE FILLED OUT BY FRYSC/COUNSELOR/SCHOOL NURSE

Date of Intervention	Intervention (i.e. phone call, home visit, conference)	Outcome/Referrals Made

Other Notes:

FRYSC/Counselor/School Nurse (per Principal designee) Signature:

Please attach completed form to student's Head Lice and/or Nits Record