Bagley Public Schools

INDEPENDENT SCHOOL DISTRICT 162
Dr. Erich Heise, Superintendent

DISTRICT OFFICE
202 BAGLEY AVENUE NW
BAGLEY, MN 56621
TEL (218) 694-6184
FAX (218) 694-3221
www.bagley.k12.mn.us

Date:_____

Dear Parent/Guardians,
Today at school your child was found to have head lice or nits (eggs from lice). Head lice are small gray insects, approximately 1/10 of an inch that live on the human scalp. The female louse lays her eggs (nits) on the hair shaft next to the scalp. Viable nits are tiny grayish/brownish/white oval-shaped eggs that "glue" to the hair shaft. They won't flick off when attempting to remove them. The nits are firmly attached to the hair shaft usually ¼ inch from the scalp and are often found at the back of the head and behind the ears (CDC, January, 2016). They will not wash out with normal shampooing.

Please join us in a cooperative effort to keep head lice/nits under control. The attached Clearwater County Nursing Service Fact Sheet explains how to check and treat lice, remove nits, and how to clean up your home and car. There are parent resources located on the School District Website at www.bagley.k12.mn.us under the heading "Department" and pull-down menu to "Health Services".

We expect that most families with students who have head lice will be able to return to school the following school day, with proper treatment. Your child may return to school, accompanied by a parent/guardian for a recheck with our School Health Para (SHP) on_____. Please arrive at 8:30AM. If your child has been checked by the Community Health Representative they still need to return to the school health office for a recheck by the SHP before re-entry into school. Your child may **NOT** return to class or ride the school bus until the SHP confirms the head lice/viable nits have been removed from the hair. Students who do NOT return to school the following day, must have a parent/guardian call the Health Office at (218) 694-6528 Ext. 3215 to inform the SHP of your progress or the student will have an unexcused absence for that day. Extended absence beyond 48 hours or 2 school days without contact from parent/guardian will be recorded as unexcused. Please refer to the Parent/Student handbook for information regarding excused vs. unexcused absence.

If you have question or concerns, please contact me at Clearwater County Nursing Service (218) 694-6581. If you are unable to reach me please contact the School Health Office at the Bagley High School 694-3210 or at the Bagley Elementary 694-6528. Thank you for your cooperation in this matter.
Sincerely,

Lisa Syverson RN/PHN-School Nurse
Clearwater County Nursing Service

==========Please return this portion to the School Health Office personnel.

_____was treated by_____
(Student Name) (Method used)

The household was also cleaned and the rest of the family was appropriately checked and treated.

_____
(Parent/guardian Signature) (Date) (School Health Para)

Bagley Public Schools

INDEPENDENT SCHOOL DISTRICT 162
Dr. Erich Heise, Superintendent

DISTRICT OFFICE
202 BAGLEY AVENUE NW
BAGLEY, MN 56621
TEL (218) 694-6184
FAX (218) 694-3221
www.bagley.k12.mn.us

Name:_____ Date of Birth:_____

Parent Name:_____ Phone:_____

Address:_____

Referring Person:_____

This notice represents referral to the home for head lice/nits:
Step 1(first reported case)_____ Step 2 (second reported case)_____ Step 3 (third reported case)_____
Step4 (fourth reported case)_____ Step5 (fifth reported case)_____

Previously, this child was sent home on:

On these dates, the following was done:

_____ _____ _____ _____ _____ a packet of information was given to the family

_____ _____ _____ _____ _____ treatment was recommended to the family

_____ Clearwater County Nursing Service or Community Health Representative (circle one) was notified

_____ Clearwater county Human Services or Indian Child Welfare (circle one) was notified

_____ Clearwater County Attorney's Office or Indian Child Welfare (circle one) was notified

Each referral resulted in the following:

Step three – Clearwater County Nursing Service or Community Health Representatives (circle one)
comments:_____

_____

Step four – Clearwater County Human Services or Indian Child Welfare (circle one)
comments:_____

_____

Signature-School Administration Date

Step five – Clearwater County Attorney's Office or Indian Child Welfare (circle one)
comments:_____

_____

Please return this form to the referring person as soon as disposition is complete so child's file can be updated.