

Date: [Date]

To: School Administration / School Nurse

School Name: [Name of School]

Subject: Pediculosis (Head Lice) Treatment Clearance

To whom it may concern,

This letter is to certify that **[Student Name]**, born on **[Date of Birth]**, has been examined and treated for pediculosis (head lice).

The student underwent the following treatment protocol:

- Treatment Product Used: [Name of Product/Shampoo]
- Date of Treatment: [Date]
- Manual removal of nits: [Completed / In Progress]

Upon follow-up examination today, the student is currently free of live lice and is deemed ready to return to school and resume normal activities effective **[Return Date]**.

Recommendations for the school and parents:

- A second treatment is scheduled for [Date of Second Treatment, if applicable].
- Daily head checks are recommended for the next 7-10 days.

If you have any questions, please contact our office at [Phone Number].

Sincerely,

[Signature of Healthcare Provider or Parent/Guardian]

[Printed Name]

[Title/Relationship to Student]

[Facility Name, if applicable]