

**PERMISSION SLIP for SCHOOL-WIDE LICE SCREENINGS
2018 – 2019**

Please return **no later than Friday, October 5th**. Include this form in an envelope marked: "2018 – 2019 PTA LICE CHECKS PERMISSION SLIP" via backpack. *Please be considerate of our community and screen your child!*

Child's name: _____

Teachers: _____

Class: _____

PERMISSION FOR ALL THREE LICE CHECK DATES

_____ **Please check my child at the school-wide lice checks.**

_____ **Please do not check my child at the school-wide lice checks.**

Please note, a child who is scratching her / his head excessively may be screened at the discretion of the lice consultants and teachers. If a child in a class is found to have lice, every child in that class will be checked.

_____ **I can volunteer to help the PTA on one or more lice check days!**

Name: _____

Email: _____

THANK YOU,

The PTA of PS 372