



Consent Form to Conduct Head Lice Inspections

Permissions to cover the duration of the student's schooling at:

Beaconsfield Upper Primary School, Stoney Creek Road, Beaconsfield Upper

Throughout your child's schooling, the school will be arranging head lice inspections of students to help parents manage head lice.

The management of head lice infection works best when all children are involved in our screening program. The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation.

The inspections of students will be conducted by trained parents approved by the Principal and School Council. Before any inspections occur, the parent's conducting the inspections will explain to all students what is being done and why. It will be emphasised to students that the presence of head lice in their hair does not mean that their hair is less clean or well kept than anyone else's. It will also be pointed out that head lice can be itchy and annoying and if you know you have got them, you can do something about it. All volunteers sign a confidentiality agreement to ensure information privacy for all children and families.

The parent's conducting the inspections will check through each student's hair to see if any lice or eggs are present.

Persons authorised by the school principal may also visually check your child's hair for the presence of head lice, when it is suspected that head lice may be present. They do not physically touch the child's head during a visual check.

In cases where head lice are found, the parent's inspecting the student will inform the student's teacher, the principal and office staff. The school will make appropriate contact with the parents/guardians/carers.

Please note that health regulations require that where a child has head lice, that child should not return to school until appropriate treatment has commenced. The school may request the completion of an 'action taken form', which requires parents/guardians/carers to nominate if and when the treatment has started.

Please complete and return this whole form in order for your child to be involved in this screening program:

Child's Name:

Parent's/guardian's full name:

I hereby give my consent for the above named child to participate in the school's head lice inspection program for the duration of their schooling at this school.

Signature of parent/guardian/carer: **Date:**

Please inform the school if guardianship/custody changes for your child, as this form will need to be re-signed to reflect these changes. Please also inform the school in writing if you no longer wish to provide consent for the school to undertake head lice inspections for your child.

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