**Declaration on Treatment of the Child after Detection of Head Lice**

I, the undersigned,
Name and surname of the legal representative: ......................................................

Address: .........................................................................................

Phone number: .............................................................................

hereby declare that my child:

Name and surname of the child: ....................................................................

Date of birth: ..............................................................................

has been found to have head lice. The child has been properly treated with products intended for the elimination of lice and nits. I further confirm that I have taken the necessary hygiene measures and carried out a repeated inspection of the child’s scalp.

As of the date of the child’s return to the Children’s Group, the child shows no signs of lice infestation.

In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name and signature of the legal representative    Name and signature of the legal representative