



# HOLY TRINITY SCHOOL



Pk 2 to Grade 8  
336 First Street, Westfield, NJ 07090  
Ph. 908-233-0484 | Fax 908-233-6204

## **START OF SCHOOL PACKET**

Dear Parents/Guardians,

Please make sure the school office has all updated contact information for the next school year. If your contact information changes during the school year please notify the main office and school nurse of the change immediately. It is imperative that we be able to reach you in the event of an emergency.

Please complete the Health Screenings form, it must be returned for all students.

We encourage all students to have a physical each year, fill out the physical form attached to this, and return to the nurse, so she has the most up to date information for all students. Middle school students need to fill out the Sports Physical form to participate in any and all sports at HT, it can be found on the school website.

Enclosed is a copy of our Health Bulletin to Parents. Please familiarize yourself with this information so that you are aware of the health policies and programs offered at our school.

Note that if your child is to receive **ANY** medication in school (prescription or over the counter), you must complete the Authorization to Administer Medication in School form and have it signed by your child's physician. The school nurse, substitute nurse or parent/guardian are the only people permitted to administer medication in school.

Thank you for your help and cooperation. If you have any questions, please let me know. Email: [kmalec@holytrinityschool.org](mailto:kmalec@holytrinityschool.org)

Sincerely,

Kathryn Malec RN, BSN



*Celebrating 100 Years of Catholic School Education*  
1916-2016



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## Health Screening Consent Form

During the school year, the children at Holy Trinity School will be asked to visit the Nurse's Office for the following:

1. Height and Weight measurement (Gr. K – 8)
2. Vision Screening (Gr. K, 2, 4, 6, & 8)
3. Hearing Screening (Gr. K, 1, 2, 3, & 7)
4. Scoliosis screening (Gr. 4, 6, & 8)  
(Age 10 & older)
5. Baseline Concussion Symptom Checklist (Gr. 6, 7 & 8 only)  
Necessary for sports participation

**Please sign and return this form indicating whether you DO or DO NOT want your child screened.**

**Health screenings cannot be done without parental consent.**

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I have read the above health notice and agree to its conditions

School Year: \_\_\_\_\_ Screening: **YES** or **NO** (circle one)

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

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**Signature of Parent/Guardian**



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## **Physical Exams and Immunization Requirements**

Dear Parents/Guardians:

Physical exams are encouraged for all students but required for all **New, Pre-K, Kindergarten, 1st, 4th and 7th grade students.** The school physical exam form is enclosed.

The NJ Dept. of Education Annual Athletic Pre-Participation Physical Examination Form (Sports Physical Form) is **required for all students in grades 6th, 7th, and 8th** who will be participating in any school sponsored athletics. This form (Parts A & B) can be obtained from the HTS website.

Please note the current requirements for school entrance and forward a copy of the exact dates of your child's immunizations to the school **no later than September 1<sup>st</sup>**. Please be advised that your child **MAY NOT attend school** without fulfilling these requirements.

Below are the current immunization requirements for children attending New Jersey Schools; please read carefully.

**The following immunizations are REQUIRED for school entrance in September:**

**DPT:** A minimum of 4 doses of DPT vaccine is required, provided at least one dose is administered on or after the fourth birthday; OR any 5 doses.

**Tdap:** One dose of Tdap is required for all students entering grade 6.

**POLIO:** A minimum of 3 doses of poliovirus vaccine is required (OPV or IPV), provided one dose is given on or after the fourth birthday; OR any 4 doses.

**Measles:** One dose of a measles containing vaccine (Measles or MMR) is required on or after the first birthday. A second dose is required for pupils entering Kindergarten. Laboratory evidence of immunity is also acceptable.

**Rubella:** One dose must be administered on or after the first birthday

**Mumps:** One dose must be administered on or after the first birthday.

**(OVER)**



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## **Hib Vaccine (Haemophilus Influenza B):**

Mandated only for children enrolled in child care, pre-school, or pre-Kindergarten:  
Minimum of 2 doses of Hib-containing vaccine is needed if between the ages of 2 – 11 mos.  
Minimum of 1 dose of Hib-containing vaccine is needed after the first birthday.

**Hepatitis B Vaccine:** Three (3) doses of Hepatitis B vaccine or laboratory evidence of immunity are required for all students in grades K through 8.

**Varicella Vaccine (chicken-pox vaccine):** One dose of varicella vaccine given on or after the first birthday or serologic evidence of disease immunity is required of all students in every grade level (Pre-K – 8). Children, whose physicians or parents submit a statement of past history of varicella disease will also be in compliance.

**Meningococcal Vaccine:** One dose of Meningococcal vaccine is required for all students entering grade 6.

**Mantoux (TB):** Required for students transferring from another country without a documented Mantoux tuberculin skin test administered in the previous six months, and students who transfer from other specific locations as determined by the NJ Department of Health and Senior Services.

## **PRE-SCHOOL STUDENTS ONLY:**

The following additional requirements are now mandatory for attendance in New Jersey Pre-School programs:

**Pneumococcal conjugate vaccine series** (Pneumonia): required for children attending child care centers, pre-school, or pre-Kindergarten. Minimum of 1 dose of pneumococcal vaccine is needed after the first birthday.

**Influenza Vaccine (Flu):** An annual influenza vaccine is required for children ages 6 to 59 months, attending child care centers and preschools. Vaccine must be administered by December 31st in order to continue attending school.

Questions regarding any of this information please contact me at [kmalec@holytrinityschool.org](mailto:kmalec@holytrinityschool.org).

Kathryn Malec RN, BSN  
Holy Trinity School Nurse





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DATE \_\_\_\_\_

## HISTORY AND PHYSICAL FORM

GRADE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

SEX \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

CELL PHONE \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

**THE STATE OF NEW JERSEY REQUIRES THE SCHOOL TO MAINTAIN IMMUNIZATION RECORDS FOR ALL PUPILS.  
THE FOLLOWING ARE REQUIRED BY LAW AT VARIOUS AGES FOR SCHOOL ATTENDANCE.**

VACCINE TYPE	1 <sup>st</sup> Dose Mo/Day/Yr.	2 <sup>nd</sup> Dose Mo/Day/Yr.	3 <sup>rd</sup> Dose Mo/Day/Yr.	4 <sup>th</sup> Dose Mo/Day/Yr.	5 <sup>th</sup> Dose Mo/Day/Yr.	Lead	Screening
DTaP						Test Date	Result
Tdap							
Polio						TB	Screening
MMR						Test Date	Result
HIB							
Hep B							
Varicella						Serology	Date:
Pneumococcal						Measles	Titer:
Meningococcal						Mumps	
Hep A						Rubella	
HPV						Hep B	
Influenza						Varicella	

### HEALTH HISTORY - TO BE COMPLETED BY PHYSICIAN ONLY:

Allergies: FOOD AND DRUG (list) \_\_\_\_\_

Asthma \_\_\_\_\_ Cardiac \_\_\_\_\_ Chicken Pox (disease date) \_\_\_\_\_ Diabetes \_\_\_\_\_ Strep Infections \_\_\_\_\_

Infectious Mono \_\_\_\_\_ Migraines \_\_\_\_\_ Seizures \_\_\_\_\_ Surgery \_\_\_\_\_

Other \_\_\_\_\_

Speech, vision or hearing difficulty? \_\_\_\_\_ Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Glasses/Contacts \_\_\_\_\_

\*\*\*\*\*

B/P \_\_\_\_\_ Thyroid \_\_\_\_\_ Heart \_\_\_\_\_ Eyes \_\_\_\_\_ Nose \_\_\_\_\_ Tonsils \_\_\_\_\_

Height \_\_\_\_\_ Hernia \_\_\_\_\_ Lungs \_\_\_\_\_ Ears \_\_\_\_\_ Abdomen \_\_\_\_\_ Scoliosis \_\_\_\_\_

Weight \_\_\_\_\_ Skin \_\_\_\_\_ Neurological System \_\_\_\_\_ Physical Limitations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does child take daily medication? \_\_\_\_\_ If Yes, Explain \_\_\_\_\_

\_\_\_\_\_

Other pertinent information (anxiety/depression, behavioral issues, surgery, serious injury, concussion, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE OF EXAM \_\_\_\_\_ PHYSICIAN SIGNATURE: \_\_\_\_\_





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## **Medication Administration Policy**

Dear Parents & Guardians,

The following information is offered to inform you of the school policy on medication administration.

Holy Trinity School strongly discourages the administration of either prescription or “over the counter” medication in school or on field trips. However, if it is absolutely essential that a student receive medication while under school supervision, the following procedures apply:

### **Procedures:**

1. The parent/guardian must complete a written request for the authorization to administer prescribed medication at school and have it signed by a physician.  
**(Medication Administration Authorization form)**
2. Written orders are to be provided to the school by the private physician detailing the diagnosis or type of illness involved, the name of the drug, dosage, time of administering and length of treatment (weeks, months or school year) and the possible side effects. If the medication is to be given on a “PRN” or as needed basis, the order must clearly describe the conditions under which the medication is to be used.
3. Over the counter medication (non-prescription medication) **will not** be given in school without a doctor’s order. This includes Tylenol, Advil, Motrin, cough drops, etc. Routine administration of over the counter medication is discouraged unless medically necessary.
4. The medication to be administered should be brought to the school in the original container – clearly labeled by the pharmacy with the student’s name and directions for administering.
5. The school nurse or parents are the only persons permitted to administer medication in school.
6. On school trips, medication can only be administered by a parent/guardian. School staff cannot assume this responsibility even if authorized to do so by the parents.
7. The school nurse shall maintain the records or documentation for administering medication to students.
8. Students will be permitted to self-administer medication only for life-threatening illnesses or conditions. The parent/guardian and the student’s physician must complete and sign an Authorization for Self-Administration of Medication form. This form is available from the nurse.

Kathryn Malec RN, BSN  
Holy Trinity School Nurse



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## AUTHORIZATION TO ADMINISTER MEDICATION IN SCHOOL

NAME OF STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

DIAGNOSIS/ILLNESS: \_\_\_\_\_

MEDICATION: \_\_\_\_\_

DOSAGE: \_\_\_\_\_ ROUTE: \_\_\_\_\_

**\*IF EPI-PEN OR INHALER**, HAS CHILD BEEN INSTRUCTED HOW AND IS ABLE TO  
**SELF-ADMINISTER?** \_\_\_\_\_ ANY STORAGE CONSIDERATIONS: \_\_\_\_\_

IF MEDICINE IS TO BE GIVEN DAILY, AT WHAT TIME? \_\_\_\_\_

IS MEDICATION REQUIRED ON EARLY DISMISSAL DAYS? \_\_\_\_\_

**IS MEDICATION REQUIRED ON CLASS TRIPS?** \_\_\_\_\_

IF MEDICINE IS TO BE GIVEN "WHEN NEEDED," DESCRIBE INDICATIONS: \_\_\_\_\_

HOW SOON CAN IT BE REPEATED? \_\_\_\_\_

POSSIBLE SIDE EFFECTS TO OBSERVE FOR: \_\_\_\_\_

LENGTH OF TIME THIS TREATMENT IS RECOMMENDED: \_\_\_\_\_

.....  
*I certify that the above information regarding this student is correct, and that administration of the medication to this student is necessary.*

\_\_\_\_\_  
**(Signature of Prescribing Physician)** Date \_\_\_\_\_

\_\_\_\_\_  
(Address) (Phone)

.....  
*I/We authorize the school nurse to administer the above medication as indicated. I/We understand and agree that the school, the school nurse and the principal shall not be liable for any injury to the student resulting from the administration of the medication as authorized by my/our signature below.*

DATE: \_\_\_\_\_  
**Signature of Parent/Guardian**

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_





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## Permission to Share Pertinent Health Information

Name of Student: \_\_\_\_\_

It is important for pertinent school personnel to be made aware of the health concerns/medical needs of your child that might affect his/her safety or performance in the school environment.

**PLEASE INDICATE HEALTH CONCERNS HERE:**

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In order for the school nurse to release this information, your written authorization is required. Thank you.

Kathryn Malec RN, BSN

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### Please indicate your response and sign below

\_\_\_ I authorize the school nurse to release the above stated health information on my child to pertinent school personnel.

**OR**

\_\_\_ I **do not** authorize the school nurse to release the above-stated health information on my child.

\_\_\_\_\_ Date \_\_\_\_\_

**Signature of Parent/Guardian**







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## HEALTH BULLETIN TO PARENTS

Good Health is basic to sound education and productive living. Children are unable to focus or learn if they are not feeling well.

### *Ways to Promote a Healthy Environment for Students and Staff*

- Children should be dressed appropriately for the season and specific weather.
- At this time masks should be worn by all students during the school day. Please provide your child with multiple masks each day. If this policy changes we will let you know.
- Parents/guardians should feel free to contact the school nurse during posted office hours, regarding any health concerns for their children. **Phone:** 908-233-0484- ask to be transferred to the nurse. **Email:** kmalec@holytrinityschool.org
- **Always keep your child home if an elevated temperature is present (Above 99.5 F)** A child should be fever free for 24 hours (without the use of Tylenol or Motrin) before returning to school. Many children get “rebound” fevers after medication is stopped.
- If a child is diagnosed with **Strep throat, Scarlet fever, Pink Eye or Impetigo** the child may return to school after 24 hours of antibiotic therapy. A doctor’s note is required.
- Any students **exposed to COVID-19 or sick with COVID-19** should reach out to Dr. Ellis and Nurse Malec ASAP for proper current protocols and quarantining timelines.
- See the attached information on Head Lice.
- In the event your child is vomiting or has diarrhea during the evening, night or early morning hours, please **keep the child home until 24 hours after the last episode.** A child should be able to eat meals without vomiting, before returning to school.
- Please notify the school nurse if your child develops a **communicable disease** (head lice, Strep throat, chicken pox, fifth disease, impetigo, ringworm, scarlet fever, pink eye, etc.). **Fractures and sprains should be reported via a doctor’s note. No braces to be used without a doctor’s note.**
- Children with **Chicken pox (Varicella)** can return to school after all sores have crusted over and completely dried. Usually about 7-10 days after the rash begins.



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- When it is determined that a student should be sent home as a result of illness or injury, a parent/guardian will be notified and asked to come pick up the child from school within 30 min.

## **The parent/guardian must sign the student out from the school's main office.**

- If the parent cannot come to school in a timely manner, the student can be released by the school office to someone other than the parent if that person has been designated to the office staff. *In the event of a medical emergency, if a parent/guardian is not available, the designated emergency contact will be called to accompany the student.*
- Please make sure to notify the nurse's office of any change in phone numbers for work, home or cell phone to assist us in being able to reach you in a timely manner, should your child be ill or injured.

## **IT IS VERY IMPORTANT THAT WE BE ABLE TO CONTACT YOU IN THE EVENT OF AN EMERGENCY.**

- It is important to let the nurse know if your child is receiving any medications, or is under a physician's care for a psychological or medical condition or injury. This information is helpful in determining the best course of action, should the parent be unavailable. **Medical information is always kept confidential, unless otherwise instructed by the parent/guardian.**
- If your child receives any booster vaccines, it should be reported to the health office via doctor's note stating the type of immunization received and the date administered. It is important to keep the student's Permanent Health Record current. Please notify the health office of any recent injury and/or surgical procedure as well.
- If an injury or accident occurs over a weekend, seek medical help immediately. **DO NOT** wait until the next school day for the nurse to evaluate the injury. The school is not equipped to diagnose or prescribe treatment that should be done by a medical doctor.



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## Absenteeism

**Student absenteeism due to illness must be reported to the main office no later than 9:00 a.m.** When phoning the school, please report the reason for absence (ex. fever, vomiting, diarrhea).

A note from the parent/guardian stating the reason for absence must be sent to the school office when the child returns from the absence. Any children absent from school for two consecutive days will need a doctor's note for return to school.

**An absence of two consecutive days requires a doctor's note.**

## Gym Excuses

If it is necessary to have your child excused from a single gym class due to sprains, injuries, etc., please send in a separate gym excuse note. If, for any other reason, your child must be restricted from activity in physical education, a doctor's note is necessary. The doctor's note must include:

1. The reason for the restriction
2. The appropriate length of time the child is to be restricted.

**If a student is excused from gym class, he/she should sit out also for recess.**

## Health Screenings

Students are screened for evidence of visual or hearing impairment according to NJ State guidelines. Referrals for further evaluation by a physician will be sent home if necessary.

**Vision Screening** is performed in grades K, 2, 4, 6 & 8.

**Hearing Screening** is performed in grades K, 1, 2, 3, & 7.

**Height and Weight:** Each student's height and weight are taken and recorded annually. Referrals for follow-up with child's physician may be made based on height/weight above the 95<sup>th</sup> percentile or below the 5<sup>th</sup> percentile.

**Scoliosis (curvature of the spine) Screening** is performed on students in grades 4, 6 & 8. Parents will be notified if further evaluation is needed.

Any parent who wishes to "opt out" of any of the above screenings may do so by notifying the school nurse in writing. See attached form.

## MEDICATIONS

*Celebrating 100 Years of Catholic School Education*  
1916-2016



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## **MEDICATIONS WILL NOT BE ALLOWED AT SCHOOL WITHOUT COMPLETED PAPERWORK.**

A parent or guardian should bring any medication, which a child **must** take during school hours, to the nurse's office in its original container. SEE MEDICATION ADMINISTRATION POLICY.

**The medication administration authorization form, signed by the doctor and the parent/guardian, must accompany the medication. This includes all over the counter medication.**

**The physician note/order should clearly state:**

1. What the medication is.
2. When and how often the medication is to be given.
3. Reason for which the medication is being taken and length of time to be given.

**DO NOT SEND ANY MEDICATION TO SCHOOL WITH YOUR CHILD, IN AN ENVELOPE, BAGGIE OR ANY OTHER CONTAINER. ONLY THE ORIGINAL PHARMACY LABELED CONTAINER IS ACCEPTABLE.**

All medications are to be administered in the nurse's office. The school nurse **cannot** administer and no student is allowed to take any medication (prescription or over the counter) in school without a doctor's note and parent/guardian written consent. This includes any over the counter medication (e.g., Tylenol, cough medicine, allergy medication, cough drops, nose drops, ointments, etc.).

Any student who carries medication (prescription or OTC) without the proper documentation is in violation of school policy and their parent/guardian will be notified. This includes: asthma inhalers, Ibuprofen, vitamins, eye-drops, ADD/ADHD medication, cough drops etc.

**If it becomes necessary for medication to be administered in school and there is not proper documentation - a parent/guardian will be called to school to administer the medication.**

***No child will be allowed to take any medication in school, without a doctor's note.***

**Routine administration of over the counter medication is discouraged unless absolutely necessary.**

### **CRUTCHES/ASSISTIVE DEVICES**

If a student needs crutches or other assistive devices during school hours, a note from the student's physician directed to the school nurse is requested. The note should indicate why the device is necessary and that the student has been instructed by the physician in the proper use of the device - i.e. crutches.

The school nurse is not responsible for instructing students on how to use crutches.



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Dear Parents and Guardians,

As we return to school we are reminded of situations that occur when children are in close contact, **HEAD LICE** being one. While head lice are a “pest” all year round, they are a frequent occurrence at the start of the school year due to children’s participation in camps, sports, sleepovers, etc. during the summer months.

## ***To keep the incidence of head lice down at school, prevention begins at home.***

It is important to check your child’s hair for head lice frequently, about once a week, to find it in its earliest stages. Frequent head checks at home not only help keep lice out of school, but they lessen the chance of other members of your household being exposed and infested as well. An easy method of checking the hair for lice can be done by wetting your child’s hair, applying conditioner and detangling and then combing through the hair – section by section – with a good lice comb to see if you find any live lice or their eggs. The following information is being presented to help prevent and/or minimize outbreaks of head lice in school. Please read the following information carefully and save this bulletin for future reference.

**WHO GETS LICE?** - Anyone. Lice do not discriminate. Younger children seem to catch them more frequently because of more close contact with one another. Animals do not carry or contract head lice.

**HOW DO YOU GET THEM?** – They walk, they do not fly or hop. They travel from person to person directly (two heads touching) or are transferred via personal articles (i.e. combs, brushes, hats, pillowcases, sports helmets, clothing, etc.).

**WHEN SHOULD YOU SUSPECT HEAD LICE?** - Head lice should be suspected if there is intense itching and scratching of the scalp and the back of the neck. **If your child complains of an “itchy head”, check them for head lice.** If you look closely at the scalp, you will see small whitish eggs firmly attached to the hair shaft, especially at the nape of the neck and above the ears. Although these eggs may look like dandruff, dandruff can easily be removed from the hair while the eggs are not removable – even by pulling at them.

**FACTS ABOUT LICE** – The adult louse is a wingless insect less than 1/8” long and is a pale brownish-gray.

- Lice do not carry disease.
- They bite the scalp causing itching.
- They move quickly and avoid light so they are difficult to see.
- You may see them moving when you separate the hair on the scalp.
- The female louse lays 3-6 eggs (nits) per day and may live up to 30 days.

**FACTS ABOUT NITS** – The nits (egg sacs) of lice are cemented to human hair with nature’s own superglue. The nits appear as small, silvery oval shaped specks that look like dandruff but are very difficult to remove. The nits hatch in 7 – 10 days.



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## WHAT DO I DO IF THERE IS A REPORT OF LICE AT MY CHILD'S SCHOOL?

"An ounce of prevention is worth a pound of cure"

If there is a case of head lice found in your child's class, a notice will be sent home from the school. All children should have their heads checked **daily**, at home, for 3 weeks following notification because it can take that long - from exposure to infestation - for lice to be found. This will prevent the spreading of head lice to other students and is the best way to control lice outbreaks. If you believe your child has head lice - **DO NOT** send them to school. **DO** contact your pediatrician for advice on treatment.

## WHAT TO DO IF YOUR CHILD COMES HOME WITH HEAD LICE

**Don't panic.** Don't blame. Anyone - adult or child - can get head lice. It has nothing to do with cleanliness and does not reflect on you as a parent. It is important to notify your child's school (daycare, camp, sport coach, etc.) so other parents can be alerted to a possible outbreak. You should also notify the parents of your child's playmates, including sports teams, carpools, after school activities director, etc. Parental cooperation will help protect all children, *including your own* from the spread of head lice. **Check with your child's physician for recommendations on lice treatment.**

Up to date information on head lice and their treatment can be found on the Centers for Disease Control website: [www.cdc.gov](http://www.cdc.gov) and at the National Pediculosis Foundation website: [www.headlice.org](http://www.headlice.org)

## AFTER TREATMENT

Treatment should be repeated 7 - 10 days after the initial treatment to kill any lice that may have hatched in that time. Daily head checks, with the removal of lice and nits, should continue for **3 weeks**. The child may return to school the day after completion of the first treatment **AND** after all lice and nits are removed. **The student should report to the nurse's office to be checked prior to going to their classroom.**

**Students with head lice will be excluded from school until they are nit free!**

With full parent participation the incidence of head lice can be reduced dramatically in our school. If you have questions about Holy Trinity's policy on head lice, please contact the nurse's office. Thank you for your cooperation.

