

# Boyanup Primary School

Independent Public School



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Dear Parents / Guardians

In an endeavour to break the cycle of head lice infestation, in consultation with the P & C we will be continuing the successful Nitz-Blitz Program at the school.

**Please complete the form below and return this to the school office.**

By continuing this program we aim to raise parents' awareness and increase the level of CORRECT information and management practices.

**All** children are checked for signs of head lice and eggs (nits). The School will not treat or identify infested students in the company of their peers as we are aware of the embarrassment that this may cause. Those with live lice will be sent home for treatment as per Education Department Policy. On your child's return to school they will be rechecked to ensure lice and eggs have been removed. Follow up checks will occur to ensure the cycle has been broken.

In accordance with the Department of Education and Training Policy, The Principal or delegate will check those students who have not returned the form authorising volunteers to check your children's hair.

The attached permission slip is to allow volunteers from the P&C to check your child's hair.

Justin Grasso  
PRINCIPAL



## NITZ-BLITZ PERMISSION SLIP

I \_\_\_\_\_ (Parent/Guardian name) have read the information about the P&C Nitz-Blitz Program and give permission for my child's hair to be checked by P & C volunteers .

I am aware that this permission will last for the period my child attends Boyanup Primary School. I will contact the school if I wish to remove this permission.

I am also aware that if my child has head lice, I will arrange to have my child collected from school and returned, only after the head lice have been removed as per the Department of Education WA Health Policy.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of child/children \_\_\_\_\_

Room: \_\_\_\_\_

\_\_\_\_\_

Room: \_\_\_\_\_

\_\_\_\_\_

Room: \_\_\_\_\_

