
WELLPINIT SCHOOL DISTRICT #49

P.O. BOX 390 * Wellpinit, WA 99040
TELEPHONE: (509) 258-4535 * FAX: (509) 258-7378

Office Use Only

HEALTHY HEAD CHECK PARENT INFORMATION CHECKLIST

Students Name: _____ Grade: _____ Date: _____

During the Healthy Head Check, the following was found to be present on student:

Head Lice, (Live): Low Moderate High

Head Lice, (Dead): Low Moderate High

Nits: Low Moderate High

Note: _____

Healthy Head Check by: _____ / _____

Parent/Guardian contacted: _____ Time: _____

WELLPINIT SCHOOL DISTRICT #49

P.O. BOX 390 * Wellpinit, WA 99040
TELEPHONE: (509) 258-4535 * FAX: (509) 258-7378

Office Use Only

HEALTHY HEAD CHECK PARENT INFORMATION CHECKLIST

Students Name: _____ Grade: _____ Date: _____

During the Healthy Head Check, the following was found to be present on student:

Head Lice, (Live): Low Moderate High

Head Lice, (Dead): Low Moderate High

Nits: Low Moderate High

Note: _____

Healthy Head Check by: _____ / _____

Parent/Guardian contacted: _____ Time: _____