



# Huron-Superior Catholic

DISTRICT SCHOOL BOARD

**APPENDIX C**  
**RETURN TO SCHOOL NOTICE**

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

School: \_\_\_\_\_

I have applied \_\_\_\_\_ to the above-named child's hair,  
(Name of Treatment)

according to instructions received with this product. I have also removed the nits (eggs)

from the hair.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian)

