CONSENT FOR HEAD LICE TREATMENT

Barnard College Pre-College Program (“PCP”) requires screening for head lice of all arriving students, commuters and residential, prior to completion of check in on Opening Day. The screening, which is quick and painless, will be done on campus by a third party lice treatment provider. Should nits or lice be observed during the screening, immediate on or off campus treatment will be required before the student can be allowed to enter any residence hall or classroom. Treatment may take up to 4-5 hours.

Parents are responsible for full payment for all lice treatment services.

Parents are required (1) to sign the consent to be examined on campus; (2) to authorize a PCP staff person to accompany child to an on or off campus lice treatment provider and to receive treatment to remove nits or lice found to be present during the on campus examination; and (3) to provide full payment for lice treatment services rendered.

I, _________________________________, parent/legal guardian of ___________________________, authorize the Barnard College Pre-College Program (“PCP”) to conduct an on campus screening for head lice on my child upon arrival at PCP on Opening Day.

I understand that if the presence of nits and or head lice is observed during the on campus screening, immediate treatment will be required before participation in PCP will be allowed. Treatment will take place on or off campus with a recommended lice treatment provider before PCP check in can be completed.

I authorize a PCP staff member to accompany my child for treatment to a recommended on or off campus lice treatment provider.

I give my consent for my child to receive lice treatment at an on or off campus lice treatment provider.

I understand that I am fully responsible for payment of all fees for services rendered by lice treatment provider on behalf of my child.

I have read and understand this form, and I authorize and consent for my child to be screened during PCP Opening Day and to be taken for on or off campus and receive lice treatment, as indicated.

____________________________________  ________________________________
Name of Parent/Guardian                      Date