



Pediculosis Clinic Order Form

SCHOOL	
Date	
Name	
Telephone	
Contact Name	
Address	
Closest major intersection	
School hours	
Lunch time	
Recess times	
Please list scheduled school closures planned over the next three business days	
Please explain why service is being ordered	

ROOM NUMBER	GRADE LEVEL	NUMBER OF STUDENTS

Please send completed form to Janet Selano.