

Plaquemines Parish School Board

NOTICE OF EXCLUSION

HR Teacher / Grade _____

Name _____ will be excluded from _____ (School)
on _____ (dates) because of the following reasons checked below:

- | | |
|--|--|
| <input type="checkbox"/> Out of Parish Residence | <input type="checkbox"/> Signs of Head Lice or Scabies |
| <input type="checkbox"/> Suspected Communicable Disease | <input type="checkbox"/> Suspected Ringworm |
| <input type="checkbox"/> Rash or Sores | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> No Immunization Record | |
| <input type="checkbox"/> Incomplete Immunization Record– DUE NOW _____ | |

The following action is required:

- Meet requirements of admission to Plaquemines Parish Schools with acceptable proof of residence.
- According to the Plaquemines Parish School Board's "No Nit" policy, all white eggs (nits) must be removed from the hair strand and proper treatment completed. When the condition is corrected, the student must be accompanied to school by an adult and must be checked by school personnel in order to be readmitted to school. **(Your child may NOT ride the bus.)** You may contact your doctor, pharmacist, or parish health department for advice.
- Must be seen by family doctor, parish health department, or other immunization provider.
- Must be seen by your family doctor for diagnosis and treatment. **Report of physician from your doctor is required.** Parent / Guardian must sign a release of information (See below).

Signature of School Personnel

Date

REPORT OF PHYSICIAN

Diagnosis: _____

Recommendations/Treatment: _____

Signature of Physician

Date

Physician's Name & Address: (Please print) _____

I, _____, parent/guardian of the above student authorize _____
_____ to release the above medical information to _____, school nurse at _____
school.

Parent / Guardian Signature

Date

*** **MUST RETURN THIS COMPLETED FORM TO SCHOOL** ***