

LouseCalls[®]

No More
Louse-y
Days[®]



Authorization and Release Form

Name: _____

Guardian's Name: _____

Address: _____ City, Zip code: _____

Home Phone#/Cell _____ School Name: _____

Email: _____ How did you hear about Lousecalls? _____

I do not wish to receive follow-up email reminder program

If you have used treatment prior to today, what and when? _____

Do you have any allergies that we should be aware of? _____

I _____ authorize Louse Calls to remove head lice and nits from the head of _____ . I understand that Louse Calls provides a service that is one part of a comprehensive lice removal program. Repeated combing and treatment of the home, as instructed, increases your chances for being lice and nit free. Due to contact tracing, environmental factors, and human error, we cannot guarantee that you will stay lice free. If you utilize Louse Calls to perform checks/ treatments of all family members as well as utilizing Louse Calls to perform the recommended retreatment, and head lice are found on the treated individual's head within 2 weeks of the retreatment, send us a photo of the bugs and if evidence of head lice are found, we will perform a full treatment at the reduced \$60.00 rate. Any family members or friends not originally treated by Louse Calls will be charged full price for needed treatment. Additionally, I hold harmless and indemnify Louse Calls for any damages and/or side effects relating to the treatment and products for lice and nit removal. I have read the LouseCalls Guarantee and fully understand it. **Note: No personal checks accepted.**

Signature (Guardian)

Date

NOTES

RETREAT INFO

Toll Free: (877) 568-7322
South Florida: 561-376-1066
Central Fla.: (813) 579-5423
West & Sw Fla. (407) 412-9666



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