

To Whom It May Concern:

In compliance with the 4-H Camping Program's No Nit Policy, I have conducted a head check on

\_\_\_\_\_, \_\_\_\_\_ to confirm that no head lice or nits are present.  
Name of child County

When examined on \_\_\_\_\_, I found no evidence of head lice or nits.  
Date

\_\_\_\_\_  
Signature of Examiner Title

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