



## Human Bite Parent Notification

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Time of incident: \_\_\_\_\_

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_ School: \_\_\_\_\_

**Dear Parent/Guardian,**

**Today your child was involved in a biting incident.**

- Your child was bitten.
- Your child bit another student.
- Your child bit a staff member.

**He/she was evaluated at school.**

- I was unable to reach you by phone.
- We discussed the incident by telephone.

**In any biting incident, there is the remote possibility of exposure to bloodborne pathogens from both the biter and the person who is bitten. Communicable disease can be spread in this way, and may pose a threat to either person.**

**The following actions were taken:**

- The wound was assessed and the skin **DOES NOT** appear to be broken.
- The wound was assessed and the skin **DOES** appear to be broken.
- Wound was cleaned with soap and water, and bandaged to prevent infection.
- Your child's mouth was rinsed with water, and assessed for any resulting injury.
- Hepatitis B immunization status was checked for both individuals.
  - Your child is adequately immunized against Hepatitis B.
  - The person is adequately immunized against Hepatitis B.
- Tetanus immunization status was checked for both individuals.
  - Our records indicate that your child was last immunized on \_\_\_\_\_.
  - Our records indicate the other involved person was last immunized on \_\_\_\_\_.
- Follow-up care with your licensed health care provider is recommended.

**Please call if you have any questions.**

School Nurse: \_\_\_\_\_ Phone: \_\_\_\_\_

OR

School Staff Member: \_\_\_\_\_ Phone: \_\_\_\_\_