

NOTIFICATION OF HUMAN BITES

Date _____
Time of Incident _____
Parent Notified _____

This note is to inform you that your child, _____, was bitten by/bit another person today at school.

There is the potential for certain diseases/illnesses to be transmitted in this way. Because of this possibility, we strongly urge you to contact your child's physician today regarding appropriate treatment and follow-up.

The School Nurse maybe be contacted if your physician requests any further information regarding this incident.

Signature/Title

Comments: _____

Pertinent information, may be released without prior authorization of parent to designated physicians or parents, if deemed necessary, to protect the health and safety of the student or other individuals.

School Nurse

Phone Number