

TO THE PARENTS OF _____ Date: _____

RE: Student/Employee exposure to blood or other potentially infectious material.

Occasionally in the school setting an incident may occur that exposes one person to the blood or other potentially infectious material of another person. This exposure does not mean that an actual disease or illness has been transmitted, but because of the potential we strongly urge you to contact your child's physician today for recommendations.

Nature of exposure: (Names of other involved will not be released without written consent)

_____ Student was exposed to blood or other potentially infectious material of other person. Contact your child's physician immediately for recommendation regarding treatment for follow-up.

_____ Student's blood or body fluids were the source of exposure to another person.

For medical follow-up of this incident we ask that your child's blood be tested for HBV, HIV and HCV. The attached information explains in detail Hepatitis B, Hepatitis C and AIDS: conditions which blood tests are designed to detect. Please read this information carefully and discuss it with your child's physician. You may decline to have your child's blood tested.

Date: _____ Time: _____ _____
Signature of Person Completing Form

Bonnie Fitzharris may be contacted if your physician requests any further information regarding this incident.

I, _____, have discussed this incident with my child's physician
(Name of Parent)

and have reviewed the information on this form and the attached information regarding
Hepatitis B, Hepatitis C and AIDS. I have decided:

_____ Not to have my child's blood tested for HBV, HCV, and or HIV.

_____ To have my child's blood tested for HBV, HCV and or HIV.

I agree to release any information in my child's medical record pertinent to this situation to the
other person's physician if needed in order to determine necessary treatment.

_____ Yes

_____ No

Name of Child: _____

Date of Birth: _____

Child's Physician: _____

Date of Appointment: _____

Signature of Parent: _____ Date: _____

(Please return this form to Bonnie Fitzharris, School District Nurse, on the following day in the
postage paid envelope provided).