

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/illness 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 may 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 in-
dividuals.*

School Nurse

Phone Number