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 individuals.

__________________________
School Nurse

__________________________
Phone Number