

Human Bite Parent Notification		
Student:	Grade:	Time of incident:
Teacher:	Date:	School:
Dear Parent,		
Today your child was involved in a	a biting incident.	
$\Box$ Your child was bitten.		
$\Box$ Your child bit another student.		
$\Box$ Your child bit a staff member.		
He/she was evaluated at school.		
$\Box$ I was unable to reach you by ph	one.	
$\Box$ We discussed the incident by te		
<ul> <li>biter and the person who is bitten.</li> <li>threat to either person. The followid</li> <li>The wound was assessed and th</li> <li>The wound was assessed and th</li> <li>Wound was cleaned with soap a</li> <li>Your child's mouth was rinsed with soap a</li> <li>Hepatitis B immunization status</li> <li>Your child is adequately in</li> <li>The person is adequately in</li> <li>Tetanus immunization status was</li> <li>Our records indicate that y</li> </ul>	Communicable disease c ing actions were taken: e skin <b>does not</b> appear to e skin <b>does</b> appear to be and water, and bandaged with water, and assessed s was checked for both in nmunized against Hepati mmunized against Hepati as checked for both indiv our child was last immur her involved person was	broken. to prevent infection. for any resulting injury. adividuals. tis B. itis B. iduals. nized on last immunized on
Please call if you have any question	ns.	
School Nurse:		Phone:
		Rev. 4/20