

**PARKWAY HEALTH SERVICES
PARENT COMMUNICATION
REPORT OF HUMAN BITE**

Student: _____ Date of Birth: _____ School: _____
Teacher: _____ Grade: _____ Date of incident: _____

Dear Parent:

Today your child was involved in a biting incident.

- Your child was bitten
- Your child bit another student
- Your child bit a staff member

He/she was evaluated at school:

- I was unable to reach you by telephone.
- We discussed the incident by telephone

In any biting incident, there is a the remote possibility of exposure to bloodborne pathogens from both the biter and the person who is bitten. Communicable disease can be spread in this fashion and may pose a threat to either party. The following actions were taken:

- The wound was assessed and the skin **does not** appear broken.
- The wound was assessed and the skin **does** appear broken.
- Wound was cleaned with soap and water, bandaged to prevent infection.
- Your child's mouth was rinsed with water and assessed for any resulting injury.
- Hepatitis B Immunization status was checked for both individuals.
 - Your child is adequately immunized against Hepatitis B.
 - The other involved person is adequately immunized against Hepatitis B.
- Tetanus immunization status was checked for both individuals.
 - Your child was immunized last on _____.
 - The other involved person was immunized on _____.
- Follow up care with your physician or health care provider is recommended.

Thank you for your cooperation. Please call if you have questions.

Sincerely,

School Nurse

Phone

Parkway School District