BITING NOTIFICATION FORM FOR PARENTS OF INJURED CHILD

| Date | |
|--|-----------------------------------|
| Your child | was bitten on the |
| today in the _ | class. |
| The skin was | |
| □ not broken. | |
| □ broken. | |
| We comforted your child and | |
| □ washed the bite. | |
| □ put an antiseptic ointment on the bite. | |
| □ placed a bandage on the bite. | |
| $\ \square$ held a cold compress on the bite. | |
| We are sorry that this happened and have taker | n the following corrective steps: |
| $\hfill \square$ We moved the biting child away from the | other children. |
| \square We gently but firmly instructed the child n | ot to bite. |
| ☐ We alerted the parent(s) of the biting child | d about their child's behavior. |
| Moving forward, we will closely observe the in order to prevent additional occurrences | • |
| Please call me if you have any questions or com | ments. |
| Your name | Phone |

BITING NOTIFICATION FORM FOR PARENTS

| Date | |
|---|--------------------------------|
| Your child | bit another child today in the |
| | class. |
| We have taken the following corrective s | steps: |
| ☐ We moved your child away from the | he other children. |
| ☐ We gently but firmly instructed yo | ur child not to bite. |
| We alerted the parent(s) of the ch about the incident. Your child was | |
| Moving forward, we will closely ob order to prevent additional occurr | · · |
| Please call me if you have any questions | or comments. |
| Your name | Phone |