

Fern Flower - Nature School Location: 3827 Charlton Dr, Qualicum Beach, BC V9K1Z3

Phone Number: 250-299-2054

 $\hbox{E-mail:} \underline{fernflowernatureschool@gmail.com}$

Biter and Bitten Report

For Biter

| Name of Child: | | | | |
|------------------------------------|-----------|---------------|-------|--|
| Date of Accident: | | Time of Accid | dent: | |
| Nature of Accident: Child bite the | other chi | ld/educator | | |
| Name of Caregiver that responde | d: | | | |
| Describe the Accident: | | | | |
| | | | | |
| Was the parent contacted? | □Yes | □No | | |
| How? Which | parent w | as contacted? | ? | |
| Who contacted the parents? | | | | |
| What time were they contacted? | | | | |
| Additional Notes: | | | | |
| | | | | |
| | | | | |
| Parent Signature: | | | Date: | |
| Child Care Provider Signature: | | | Date: | |



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Biter and Bitten Report

For Bitten

| Name of Child: | | | |
|--------------------------------------|----------------|----------------|--|
| Date of Accident: | Time | e of Accident: | |
| Nature of Injury: Child got Bitten b | by other Child | | |
| Name of Caregiver that responded | d: | | |
| Describe the Accident: | | | |
| | | | |
| First Aid Given: | | | |
| | | | |
| Was the parent contacted? | □Yes | □No | |
| How? Which | parent was co | ntacted? | |
| Who contacted the parents? | | | |
| What time were they contacted? _ | | | |
| Additional Notes: | | | |
| | | | |
| | | | |
| Parent Signature: | | Date: | |
| Child Care Provider Signature: | | Date: . | |