**LETTER TO PARENTS AND STAFF**

|  |
| --- |
| **Concerning letters to parents and staff members*** No letters should be sent without prior consent of the CLSC nurse.
 |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daycare or school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Subject:**  **Your child has been bitten [You have been bitten]**

Dear parents,

Dear staff members,

Today, your child has been bitten [you have been bitten] by another child and the wound bled.

Following a nurse’s evaluation, we strongly recommend that you immediately see a doctor. While the risk of transmission of an infection is very low, risk, assessment must be made by a doctor as soon as possible.

During the consultation, the doctor will evaluate the severity of the wound and the risk of transmitting the hepatitis B, hepatitis C and HIV viruses. Blood tests, vaccines and preventive medications may be necessary. The doctor will also determine whether [you] your child will need antibiotics and a tetanus shot.

Please bring this letter to your medical consultation as it can help the doctor decide on a course of action.

We have also recommended that the parents of the child who bit see a doctor. After examining this child, the doctor may want to contact you for certain details about your child’s health [your health]. Please advise if you authorize us to share in all confidentiality your contact information with that doctor.

If you have any questions, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Thank you for your co-operation.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please print)

Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LETTER TO PARENTS**

|  |
| --- |
|  **Concerning letters to parents*** No letters should be sent without prior consent of the CLSC nurse.
 |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daycare or school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Subject:** **Your child has bitten someone**

Dear parents,

A child [an adult] was bitten by your child today at the daycare [at the school] and the wound bled.

Blood from the person your child bit was found in your child’s mouth. Following a nurse’s evaluation, we strongly recommend that you immediately take your child to be seen by a doctor. While the risk of transmission of an infection is very low, risk assessment must be made by a doctor as soon as possible.

During the consultation, the doctor will evaluate the severity of the wound and the risk of transmitting the hepatitis B, hepatitis C and HIV viruses. Blood tests, vaccines and preventive medications may be necessary.

Bring this letter to your medical consultation as it may help the doctor decide on a course of action.

We have also recommended that parents of the child bitten [adult bitten] see a doctor. After examining the person bitten, that doctor may want to contact you for details about the health of your child. Please advise if you authorize us to share in all confidentiality your contact information with that doctor.

If you have any questions, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Thank you for your co-operation.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please print)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_