Appendix 3: Record of Restraint.

Record Of Rest	raint:		
Date of Incident:		Time of Incident:	
Pupil Name:		DOB:	
Member(s) of staff Adult witnesses to Pupil witnesses to re Outline of event lead	restraint: estraint:		
Outline of de-escalati	ion strategies implemented prio	r to physical intervention:	
Outline of incident of restraint (including restraint method used);			
Outcome of restraint	t:		
Description of any inju	ury sustained and any subseque	ent treatment:	

Date/time parent/carer informed of incident:			
By whom informed:			
Outline of parent/carer response:			
Signatures of staff completing report:			
Signatures of Staff Completing report.			
Namo: Signod:			
Name:Signed:			
Name of Circumstate			
Name: Signed:			
Name of Circumstate			
Name: Signed:			
Brief description of any subsequent inquiry/complaint or action:			