



Record Of Restraint

Date of incident:	Time of incident:
Pupil Name:	Pupil D.o.B:
Member(s) of staff involved:	
Adult witnesses to restraint:	
Pupil witnesses to restraint:	
Outline of event leading to restraint:	
Outline of incident of restraint (including restraint method used):	
Description of any injury sustained and any subsequent treatment:	
Date /Time Parent/Carer informed of incident:	
By Whom Informed:	
Outline of Parent/Carer Response:	
Signatures of staff completing report:	
Brief description of any subsequent inquiry/complaint or action:	