

ESE/504 Physical Restraint Parent Notification

Student Name: _____ Student Number: 56 _____

Grade: _____ Incident Date: ____/____/____ Time: ____:____ a.m./p.m.

Reason for Restraint:

- 1) To prevent imminent danger of physical injury to self or others
- 2) Demonstrated evidence of a behavior likely to cause injury to self or others

Type of Restraint Used: _____

Injuries Occurred (during or as result of the restraint):

This notification is being provided to you in accordance with Section 1003.573 Florida Statute.

- Written notification must be provided before the end of the school day on which the restraint occurs.
- Reasonable efforts will also be taken to notify you by telephone or email or both.
- A detailed incident report will be completed within 24 hours
- A copy of the completed incident report will be mailed to you within 3 school days.

Two copies of this notification have been sent to you. **Please sign, date, and return one copy.** The second copy is for you to keep for your records.

Parent Name: _____

Parent Signature: _____

Date of Receipt: _____

Return your signed notification to: _____ at _____.
School ESE Specialist School Name