



Restraint Agreement

I, _____, give permission to have my child,
_____, restrained by [Practice Name] if one of the following situations occurs:

1. There is danger to others due to physical violence or aggression
2. Danger to self
3. Damage or destruction of property
4. To maintain order on office property
5. If child attempts to run

Physical restraint will be used only as necessary and as a last resort for the protection of persons or property. In the event that your child has to be restrained at least one caregiver will be present and the situation will be documented. Please feel free to consult with appropriate legal advisors regarding this document before signing it.

Name of Responsible Party (Please Print)

Date

Signature of Responsible Party