
FORM – 3.3 PHYSICAL RESTRAINT/SECLUSION INCIDENT REPORT FORM**SECTION 1: STUDENT INFORMATION**

Student Name: _____ Grade: _____
Date and Time of Incident: _____ Location: _____
Employees Involved: _____

SECTION 2: INCIDENT DETAILS

Injury Yes ____ No ____ *(if YES, complete a School Protection Plan Incident Report and/or WorkSafe BC form)*

Description of Injury: _____

SECTION 3: FOLLOW UP

How were parents contacted: _____
Date: _____ Time: _____
Has this happened before: Yes ____ No ____
If Yes, when: _____
Debriefing: Yes ____ No ____
Date: _____ Time: _____
In attendance at debriefing: _____

Principal's Signature: _____

CC Form to: Parent/Guardian, Superintendent, Student Services Coordinator, Student Files