

## Physical intervention Record

Date: \_\_\_\_\_

Childs Name: \_\_\_\_\_

Date / Time of incident: \_\_\_\_\_

Details of incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Incident Managed by: \_\_\_\_\_

Witness / Other staff involved: \_\_\_\_\_

Method(s) of restraint if used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Debriefing session/Evaluation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Carer Informed / Response: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date/time form completed? \_\_\_\_\_

Signature of Incident Manager: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of staff/witness involved: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of informed Parent/Carer: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_