Emergency Safety Intervention

USD469 Notification for Parent/Guardian

Today’s Date: Incident Number: Parent/Guardian:

Your student was involved in an incident that required restraint and/or seclusion. The Kansas Department of Education mandates that we report this information to you on the day of the incident.

**Type of Emergency Safety Intervention Used: \_\_\_\_\_\_\_ Seclusion \_\_\_\_\_\_\_ Restraint**

**Student Name:**  **Date of Incident**:

**Beginning Time: End Time: Duration:**

**Staff Member Reporting:**  **Location**: \_\_\_\_\_\_

**Witness(es**): **Restraining Personnel**:

 **Seclusion Personnel**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date & Time of Parent/Guardian Notification(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notifying Party:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of Incident**:

 De-escalation Techniques: Outcome of the Intervention: Medical Care Provided:

Administrator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_