



# SAFE PHYSICAL INTERVENTION PARENT NOTIFICATION FORM

***Please check the boxes and sign.***

I understand that, on occasion, the school staff may be required to use physical intervention as part of the Safety Plan for my child

\_\_\_\_\_ at \_\_\_\_\_  
(name) (school name)

- I have received a copy of the policy and administrative procedures
- The policy and procedures regarding the use of physical intervention have been explained clearly and fully by \_\_\_\_\_.
- I have been consulted and am aware of the specific procedures in the Safety Plan.

Parent/Guardian Signature: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

Witness: \_\_\_\_\_

Copies: OSR (original)  
Parent  
School Superintendent  
Principal Special Education