

**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 _____