



### Order for Restraints

**Child's name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Following restraining procedures are ordered for the above child.

Personal restraints    Emergency Medication    Combination of both

\_\_\_\_\_ (Frequency) or  PRN basis not exceeding \_\_\_\_\_ times a week.

The child has history/ potential for    Aggressive acting out  
 Suicidal / self harming behavior  
 Runaway behavior  
 Other \_\_\_\_\_

The above restraint(s) is/ are permitted only in the event if an emergency situation as assessed by a qualified childcare staff. In case of personal restraints, only minimal amount of reasonable and necessary force may be used. During the restraint the staff must monitor the child's breathing and other signs of physical distress and appropriate action to ensure adequate respiration and overall well being. Personal restraints should exceed no more than 30 minutes and the staff must continuously monitor the behaviors that indicate the child is ready to be released from restraints.

#### Additional Comments

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of the physician ordering restraint)

\_\_\_\_\_  
(Date)

***Order expires one year from date of signature:***

**Name of Physician:** \_\_\_\_\_

**Address ( Office Seal)** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_