

JGG-R

PHYSICAL RESTRAINT NOTIFICATION AND PERMISSION FORM

I have received Rochester School Department's policy on physical restraint of students; it has been explained to me and I understand it.

As the parent/guardian of _____
Student's Name

I hereby: grant do not grant

authorization for the Rochester School Department to use physical restraint techniques with the above student as described in said policy.

Parent/Guardian Signature

Witness

Date

Adoption Date: October 14, 1993
Amended: May 13, 2004
Amended: May 12, 2011
School Board Review/Approval: March 13, 2014