

New Heights Academy
Permission: Use of Physical Restraint
Academic Year 2019-2020

Student's Name	Date: MM/DD/YYYY

I, _____, parent/guardian of the above student give permission for New Heights Academy to use physical restraint only when my child poses a threat of imminent serious harm to him/her self or others and when other non-physical interventions have failed or been deemed inappropriate. In the case that physical restraint is used, parents will be notified and informed in writing as protocol of the school incident report.

This permission shall be valid for the current academic year.

Parent Full Name	Signature	Date: MM/DD/YYYY
1.		
2.		