

**Eastview Christian Church**

**Safety Care Form**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that my child can become aggressive, lash out or elope. I understand that physical restraint may be necessary to keep my child safe. Physical management/restraint is the last resort and only provided by certified trainees. (CPI or QBS). All incidents using physical management/restraint will have a report completed by an Eastview Christian Church staff member.

\_\_\_\_\_ yes I agree that my child can be managed/restraint by certified trainee.

\_\_\_\_\_ no I do not agree that my child can be managed/restraint by certified trainee.

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Parent/Guardian Signature Date

12/2019