



## Nurse's Physical Restraint / Seclusion Report 702D

Student Support Services  
Mat-Su Borough School District  
501 N. Gulkana  
Palmer, AK 99645  
P (907) 761-4068 || F (907) 761-4078

**Special Instructions:** Please complete this form and submit the original form to the Office of Student Support Services for signatures. Please place copies of this form in the student's cumulative health folder. NOTE: If the injured student was transported for emergency treatment: 1) Fill out the Student Incident / Injury Report; 2) Contact the Risk Management department immediately at (907) 746-9213; and 3) Fax a copy of this report to (907) 761-4091. If student restraint is required, complete the MSBSD Physical Restraint Report 702C.

School	<input type="text"/>	Date & Time of Incident	<input type="text"/>
Student	<input type="text"/> Last First MI	Grade <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth <input type="text"/>
Parent/Guardian	<input type="text"/>	Contact Phone Number	<input type="text"/>

Nurse's Action

Time Assessed

O.) BP  T  P  R  02  Student Refused

A.)

P.)

Disposition: Referred to: ☐ Physician ☐ Emergency Room ☐ Home ☐ Returned to Class ☐ Other (Explain)

School Nurse's Signature

Date

Principal's Signature

Date

Behavioral Health Supervisor's Signature Date