



Very Special Kids
Restraints Approval

GOLDCARE NUMBER (CLIENT ID)	
GIVEN NAME	
FAMILY NAME	
DATE OF BIRTH	SEX

A Approval for the use of restraints

Iparent/guardian
hereby
authorize the use of the following restraints for
.....(Child),
as per parent/guardian instructions.

Which restraints/equipment can or need to be used? Please tick boxes

- a. Wheelchair – Lap Belt Shoulder Harness Foot Straps
- b. Wheelchair regularly maintained in good order
- c. Wedge
- d. Bath chair
- e. Cot sides either hard or soft
- f. Tumbleform
- g. Highchair
- h. Commode chair
- i. Shower/bath trolley
- j. Stroller/pram
- k. Own standing frame
- l. Hoist and sling
- m. High sided bed (if applicable)
- n. Other: Please list

	1 st visit	2 nd visit	3 rd visit
Parent/Guardian Signature			
Date signed			
Staff Signature			
Designation			
Date signed			



Form 30 Restraints Approval