

I, (Person served	or guardian) consent to and authorize Innovations in
Learning staff to implement the least restrictive but most effective keep (Person served) and	ve method of physical intervention when necessary
trained in Professional Crisis Management (PCM) techniques ar	nd the procedures recommended in the program will
be followed in the event that a physical restraint is needed.	
Physical restraint is required when clients are engaging in continuous high magnitude disruption. The steps for physical critical continuous high magnitude disruption.	
follows:	isis management from least to most restrictive are as
 Partial (hand on shoulder to lead to an area) or full (pic Blocking of limbs, head, or digits to reduce risk of harr 	
 1 or 2 person transportation involving a staff holding the another area. 	ne client's wrist and triceps to transport them to
 Vertical immobilization involving a "one arm wrap aro sideways movement. For adults or children of a certain immobilizing each arm on the side of the individual. 	_
Horizontal prone or supine immobilization involving a	PCM required mat.
Physical intervention is always used as a last resort and is only unitervention is always implemented using a least to most intrusive bust most effective level of physical intervention to keep everyope PCM will respond but not all PCM trained staff are trained on extaff that is trained on the client's behavior plan will always be post crisis treatment.	ve model. Staff will begin with the least restrictive one involved safe. In a crisis, only staff trained in ach client's specific behavior support plan. A lead
Common risks of physical intervention may include an increase and/or bruising, minor skin abrasions, and increase in blood presinclude broken bones, sprains, and other serious injuries.	
I understand the potential risks associated with the use of physic Learning, PC is not responsible for injury that may result in the further understand that the potentially harmful effects of the pro- effects of the procedures.	proper implementation of physical interventions. I
I understand that in the event of imminent harm, Innovations in intervention to keep everyone safe. I understand that my refusal	
This consent is valid until, unless revo	ked in writing prior to that time.
I have had the opportunity to ask any questions and have ha implementation of physical intervention by trained Innovation	
Self, Parent or Legal Guardian	Date
Witness to Signature	Date