



**WATERLOO CATHOLIC DISTRICT SCHOOL BOARD
(THIS FORM IS TO BE COMPLETED BY THE PRINCIPAL)
BOARD OFFICE COPY**

FORM APH012-02

PHYSICAL CONTAINMENT INCIDENT FORM

STUDENT'S NAME: _____ D.O.B.: _____

ADDRESS: _____

PHONE: _____

SCHOOL: _____ GRADE: _____

PARENTS: MOTHER _____
(Name) Phone home/work

FATHER _____
(Name) Phone home/work

EMPLOYEE'S NAME: _____

1. Briefly describe the injuries the student received

2. Briefly describe any medical intervention administered to the student.

3. _____
Date of Containment *Time of Containment*

TO BE COMPLETED BY SCHOOL PRINCIPAL/SUPERVISOR

4. Consultation with Superintendent _____

5. Parent Contacted by Principal _____
Date Time

6. Report completed by: _____
Signature Date