Physical Intervention Form

Child's name	Date of birth
Date of incident	Time of incident
Where did the incident take place?	Name of staff member filling out this form
Brief description of incident- attach this to behavioural incident form.	How did the staff physically intervene? Describe exactly how the child was held, moved, touched.
How did the child react to being held, moved, touched?	When did the hold, move, touch stop. How did the child react immediately to this.
Name of witness(es)	Names of adults present on the day
Parent contacted Yes No	Time parent contacted
Name of parent contacted	Means of contact (phone, email, in person)
Other comments	

Parent/guardian signature: Date:

Key person signature: Date:

Manager's signature: Date:

Updated: 15/09/2025 Reviewed: 15/09/2025