

CHI YUN SCHOOL
2022/23 School Year
About student applying physical restraint during oral treatment

14th June, 2023

Dear Parents / Guardians,

According to the special needs of our students, protective stabilization might be required to ensure their safety during oral checking and therapy. Considering students may display uncooperative or defiant behavior during treatment, counseling strategies will come first to help them calm down, such as providing different kinds of toys, playing music or cartoons etc. The physical restraint would only be applied on students when counseling strategies are inefficient. The purpose of applying physical restraint is to avoid any injuries and/or accidents when students display uncooperative behavior and/or prevent them slipping down from the medical bed. If students are cooperative and do not display any resistant behavior during treatment, the use of physical restraint is absolutely prohibited.

After the student applied physical restraint, our staff and nurse in the dental clinic will keep observing their behavior and emotion during oral check. At the same time, we will keep communicating with parents or guardians. For everyone's safety, when the student displays any violent behavior or even worse, the dental check-up might be stopped immediately and properly by the dental clinic staff.

Student's dental health is our main concern. Thus, we are seeking your consent to apply the physical restraint on students when needed as protective stabilization during oral treatment. Please return the completed consent's form by 23th June 2023. If you have any enquiry, please contact class teacher or Ms. Tsang at 2386 2010.

Yours faithfully,



Chung Lai Kuen
Principal, Chi Yun School

Consent form

I * agree / disagree my child _____ (Class: _____) to apply physical restraint during oral treatment in the dental clinic as needed.

I understand that if I disagree with it, my child might not be able to complete the oral treatment. I also understand there are risks of student not applying physical restraint during treatment. I would take all the responsibilities.

* (please indicate by ticking the appropriate box)

Parent's Name : _____

Parent's Signature : _____

Date : _____