



Five Star Living

- Five Star Living
- Diamond Willow Assisted Living
- Keystone Bluffs Assisted Living

RESTRAINT CONSENT

Client Name: _____

Restraint Device:

Self-Releasing Lap Belt/Seat Belt (Alarmed)

Alarming Breakaway Cushion

Tray Table (Lap Tray)

Other _____

By signing below, I acknowledge and give permission for the above-named client to use the selected restraint device. I understand that there are risks involved using a device that prevents rising from a wheelchair (including injury/death) but believe the benefits of using this device outweigh the risks.

Client/Designee

Date

Family Member

Date

Family Member

Date

Registered Nurse

Date

Medical Doctor

Date