



**ST. COLETTA'S**  
OF ILLINOIS

LT. JOSEPH P. KENNEDY SCHOOL

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**PARENT/GUARDIAN CONSENT FOR  
NOTIFICATION OF PHYSICAL RESTRAINT/ISOLATED TIME OUT FY25**

Date: \_\_\_\_\_

Student's Name \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

Dear Parent/Guardian,

The Illinois State School Code Section 1.280 Discipline requires that parents be notified of an isolated time out or physical restraint of their student while in school. To fulfill this requirement, parents will be notified via a data sheet that will be sent home daily with the student in the event that a physical restraint or isolated time out is necessary to maintain a safe and orderly environment for learning. There is an option in Section 1020.14 and 14-8.05 of the school code that states: parent/guardian can provide a written waiver of this requirement for notification.

Please document your choice.

I give consent to waive my right to notification via a daily data sheet for each physical restraint or isolated time out.

I do not give consent to waive my right to notification via a daily data sheet for each physical restraint or isolated time out.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_