



## General Public Restraint Authorisation

We suggest the following occupations are authorised to sign this form: Occupational Therapist, Physiotherapist, Clinical Nurse Manager, Registered Nurse, Doctor, or other suitably qualified person

This authorisation letter is to confirm that *(insert patient's name)* \_\_\_\_\_  
is authorised by me to use the *(insert product name)* \_\_\_\_\_.

**Warning:** Only use a Restraint if all other alternatives have been tried. Restrained patients should be kept under observation, as their behaviour may alter and another Restraint may be more appropriate. Restraints are a prescribed item. The wrong Restraint or the correct Restraint incorrectly fitted can cause injury or death.

Family and/or Carers must be properly trained in fitting the Restraint.

### Authorised by:

Name \_\_\_\_\_

Job Title \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Email \_\_\_\_\_

Tel \_\_\_\_\_

Please email or fax this to:  
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