

**Policy and Prevention on
SAFE SLEEP
Shaken Baby Syndrome & Abusive Head Trauma**



Parent or guardian acknowledgement:

I, the parent or guardian of _____
child's name

Acknowledge that I have read and received a copy of the facilities SAFE SLEEP and Shaken Baby Syndrome/Abusive Head Trauma Policy

Print name of parent/guardian

Date of child's enrollment

Signature of parent/guardian

Date