

Instructions: Complete one form for each infant. Provide parent(s) with information about safe infant sleep and Sudden Infant Death Syndrome (SIDS) prevention, and request that they voluntarily sign this form indicating that they have received the information. Provide them with one copy of this signed form, and retain a copy of this signed form in the infant's medical record.

YORK HOSPITAL

BABY'S LEGAL NAME _____

AKA: _____

DOB: _____
(MM/DD/YY)

SEX: M F

PARENT(S) PROVIDED INFORMATION ABOUT PRACTICING SAFE INFANT SLEEP
DATE: _____
(MM/DD/YY)

Parent: I have received information about accidental suffocation and safe sleep SIDS. By signing this statement I agree that I have received this information and understand that:

- **my baby should sleep on the back; sleeping on the side or tummy is dangerous.**
- **sleeping with my baby increases the risk of my baby dying from suffocation or SIDS.**

SIGNATURE, MOTHER: _____ DATE: _____
(MM/DD/YY)

MOTHER CHOSE NOT TO SIGN

SIGNATURE, FATHER: _____ DATE: _____
(MM/DD/YY)

FATHER CHOSE NOT TO SIGN

SIGNATURE, OTHER: _____ DATE: _____
(stepparent, adoptive parent, legal guardian, legal custodian) (MM/DD/YY)

OTHER CHOSE NOT TO SIGN

Patient Label



SAFE INFANT SLEEP
VOLUNTARY COMMITMENT
FORM

NUR-110 R-8/15

Original to Chart/Yellow to Patient/Pink to QA