RELEASE FOR PARENT/GUARDIAN FOR

DRAFT

SAFE SLEEP ENVIRONMENT

I have been informed that Cook Children’s promotes safe sleep for any patient 12 months or

younger by following these American Academy of Pediatrics guidelines:

1. The crib/sleep space is kept free of pillows, blankets, stuffed animals, toys, and bumper pads
2. The mattress is firm and has a tight-fitting sheet
3. Sleep sacks are provided to help keep babies warm
4. Approved positioning devices are used as identified for patient care

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/caregiver/guardian of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

understand my role in maintaining a safe sleep space, and understand the risks and hazards

involved if these guidelines are not followed. The risks and hazards include but are not limited

to injuries related to suffocation that could lead to his/her death.

I have considered all of the information given to me and I assume all risk resulting in putting a

non-approved item in my child’s crib, or by not adhering to appropriate sleep attire, ie, the sleep

sack. I fully release Cook Children’s Medical Center, its nurses, doctors, staff, employees,

agents, or representatives from any and all liability related to any injury to my child as a result of

my not following this policy.

I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE RISKS AND HAZARDS OF NOT MAINTAINING A SAFE SLEEP ENVIRONMENT. I UNDERSTAND THAT THIS IS A LEGALLY BINDING AGREEMENT AND RELEASE OF LIABILITY.

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_