



Parent Verification Statement: Education on Safe Sleep, SUID, Dangers of Shaking Infants, and Infant CPR

HOSPITAL OR BIRTH CENTER: _____

BABY'S LEGAL NAME: _____

DOB: _____
(MM/DD/YY)

Parent Verification: I have been offered the opportunity to view video presentations on safe sleep practices, Sudden Unexpected Infant Death(SUID), and the dangers associated with shaking infants and small children. I have also been given information about the importance of learning infant CPR. I voluntarily sign this statement acknowledging that I have received, read, and understood the information and been offered the opportunity to view the videos..

ONLY ONE SIGNATURE IS REQUIRED.

SIGNATURE, MOTHER: _____

DATE: _____

(MM/DD/YY)

MOTHER REFUSED TO SIGN

SIGNATURE, FATHER: _____

DATE: _____

(MM/DD/YY)

FATHER REFUSED TO SIGN

SIGNATURE, OTHER: _____

DATE: _____

(step-parent, adoptive parent, legal guardian, legal custodian)

(MM/DD/YY)

OTHER REFUSED TO SIGN

HOSPITAL REPRESENTATIVE: _____

DATE: _____

(MM/DD/YY)

This form and accompanying information provided in compliance with **Act 176 of 2002 (11 P.S. §2121-2126); SC Code of Laws §44-37-50, effective November 15, 2018.**