

Parental Consent for Angle Swaddling an Infant

I _____, the parent/guardian of

_____ DOB _____

give written consent to: Greene's Family Daycare

to place my infant to sleep in a crib, on their back, in a one-piece sleeper equipped with an attached system ("wings") that fastens securely ONLY across the upper torso to create a swaddle. Up until the child is _____ old or starts to turn over. Whichever comes sooner. If in an angel swaddle (arms out) the infant can wear the swaddle until _____ mths.

_____ I verify that my infant has NOT yet begun to roll over.

_____ I verify that the provider will only use the one-piece sleeper to swaddle my infant

_____ I verify that the provider has a one-piece sleeper with attached "wings" OR

_____ I verify that I have provided the one-piece sleeper with attached "wings"

_____ I verify that I have demonstrated to the provider how to place baby in the swaddle.

_____ I verify that I will immediately notify the provider when my infant has begun to roll over.

_____ I verify that my infant will be placed in a swaddle with open arms.

Signature of Parent

_____ Date _____

Signature of Provider

_____ Date _____

At the time that the parent or provider observes that this infant has begun to roll over, this parental consent is no longer valid.

Baby has begun to roll over. Swaddling has been discontinued.

Date:

Provider Initials:

Parent Initials:

*Caring for our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, Third Edition 2012