

**Prevention of Shaken Baby Syndrome and Abusive Head Trauma
SAMPLE Policy**

Parent or guardian acknowledgement form

I, the parent or guardian of _____

Child's name

acknowledges that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy.

Date policy given/explained to parent/guardian

Date of child's enrollment

Print name of parent/guardian

Signature of parent/guardian

Date



The North Carolina Child Care Health and Safety Resource Center
www.healthychildcarenc.org • 800.367.2229

The NC Resource Center is a project of the Department of Maternal and Child Health, UNC Gillings School of Global Public Health
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