PLEDGE TO USE INFANT SAFE SLEEPING PRACTICES

Parent/Guardian Pledge

I, _________________________________________________________, pledge to use infant safe sleep practices to protect my child and/or any other child in my care from accidental suffocation.

• I understand that sleep suffocation is the number one preventable cause of infant death in Arizona.
• I understand that infants can be accidentally suffocated by items or other people in the baby’s sleep space.
• I understand that it is safest for infants to room-share but not bed-share.
• I understand that it is safest for infants to sleep in a space of their own such as a crib or bassinette.
• I understand that crib bumper pads, soft toys, soft bedding and blankets are too dangerous to be placed in an infant’s sleeping area (crib or bassinette.)
• I understand that safe sleep practices need to be used for every sleep from birth up to one year of age.
• I understand that smoking or the exposure to tobacco increases the risk of sleep suffocation.

I pledge to use infant safe sleeping practices to join the effort to help prevent tragic deaths caused by accidental suffocation.

Signed by:

___________________________________________________________

Name  Date