



**ALTERNATIVE SLEEP POSITION WAIVER  
PHYSICIAN REQUEST**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Email #1: \_\_\_\_\_

Email #2: \_\_\_\_\_

This childcare facility follows the safe sleep practice of placing all infants on their backs to sleep. As the physician of the above named child, you may request that he/she be placed in an alternative sleep position for medical purposes. **Under no circumstances will we place a child under the age of six months on their stomach to sleep.**

If you, as the physician, would like the above named child to be placed in an alternative position while sleeping, please be specific on the exact required requests. For example, if the child must be inclined for acide reflux, please state: *Due to acid reflux the child may be raised under the head at a level not to exceed four inches with a boppy pillow, but if the child can turn over, the boppy pillow can no longer be used.*

Medical reason for waiver: \_\_\_\_\_

Effective dates for waiver: \_\_\_\_\_ to \_\_\_\_\_

Exact directions for alternate sleep position: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

"I, \_\_\_\_\_, physician of the above named child, do hereby release and hold harmless the child care facility listed below, its officers, directors, and employees, from any and all liability whatsoever associated with harm to the above named child due to Sudden Infant Death Syndrome (SIDS). I affirm and acknowledge that I have been provided with the facility, Magical Adventures Learning Center, policy on Safe Sleep.

I further authorize the childcare facility and its employees to place the above named child in an alternate sleep position, as described above."

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

Physician Stamp:

An authorized official with the childcare facility must complete the following section.

Magical Adventures Learning Center, LLC

ID: 002008455

ID: 002428519

\_\_\_\_\_  
Facility Representative Signature

\_\_\_\_\_  
Date

Magical Adventures Learning Center  
310 Interstate Dr., Wentzville, MO 63385  
Phone 636-327-6141 Fax 636-327-6191