



**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.**