



ALTERNATIVE SLEEP POSITION Doctor & Parent Permission

At the Parents Request:

Child's Name: _____ Date of Birth: ___/___/___ Age: ___/___
 Parent/Guardian's Name: _____ yrs./mos.
 Address: _____
 Home Phone: _____ Work Phone: _____
 Fax: _____ Email: _____
 Date of Child's Enrollment: _____ Doctor on file at Paradigm : _____

Paradigm Care & Enrichment Center follows the safe sleep practice of placing all infants on their backs to sleep. As the parent or guardian of the above named child, you may request that he/she be placed to sleep in an alternative sleep position with a physicians written instructions.

Michigan State Licensing Rules State the following:

R 400.5204 Bedding and sleeping equipment for infants/toddlers:

(5) An infant shall rest or sleep alone in an approved crib or porta-crib.

(7) Car seats, infant seats, swings, bassinets and playpens are not approved sleeping equipment for children.

(8) Infants and toddlers who fall asleep in a space that is not approved for sleeping shall be moved to approved sleep equipment appropriate for their size and age.

R 400.5204a Infant sleeping and supervision.

Rule 204a. (1) Infants shall be placed on their backs for resting and sleeping.

(2) Infants unable to roll from their stomachs to their backs, and from their backs to their stomachs, when found facedown, shall be placed on their backs.

(3) When infants can easily turn over from their backs to their stomachs, they shall be initially placed on their backs, but allowed to adopt whatever position they prefer for sleep.

(4) For an infant who cannot rest or sleep on her or his back due to disability or illness, the caregiver shall have written instructions, signed by a physician, detailing an alternative safe sleep position and/or other special sleeping arrangements for the infant. The caregiver shall rest/sleep children according to a physician's written instructions.

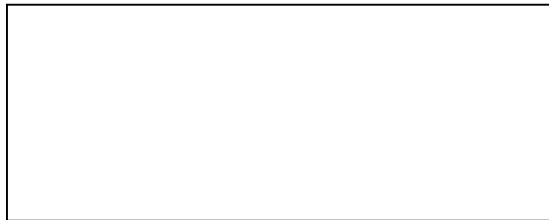
Technical Assistance: If a child has a health issue or special need that requires the child sleep in something other than a crib or porta-crib for infants/toddlers or cot or mat for toddlers, documentation from the child's health provider is required prior to allowing variance to this rule. The documentation must include specific sleeping instructions and time frames for how long the child needs to sleep in this manner.

STATE OF MICHIGAN DEPARTMENT OF HUMAN SERVICES

As treating Pediatrician **the above named child** I give written permission for alternative sleep positions/ sleep equipment other than sleeping on his/her back in a crib without any objects. I have described the requested sleep position for **the above name child** below:

Effective Dates of Permission: from ___/___/___ to ___/___/___

Signature Pediatrician: _____ Date: _____



Physician's office stamp
(Required for authenticity)

I, _____ as the parent or guardian of **the above named child**, do hereby release and hold harmless Paradigm Care & Enrichment Center, 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). We do not hold Paradigm Care & Enrichment Center or Staff members of Paradigm Care & Enrichment Center liable for possible complications, including death, associated with placing **the above named child**, in an alternative sleep position, as described by a doctor above or in the alternate sleep equipment written above by the physician. I understand information concerning SIDS. I understand that the American Academy of Pediatrics supports the "Back to Sleep Campaign." The "Back to Sleep Campaign" states that: I am aware that placing babies on their backs to sleep reduces the risk of Sudden Infant Death Syndrome also know as SIDS or Crib Death.

Parent/Guardian Signature: _____ Date: ___/___/___