

This is to certify that I _____, the
mother/father/guardian of minor child

_____ has been educated on infant safe
sleep practices including specific SIDS (Sudden Infant Death Syndrome)
risk reduction strategies, as set by the AAP (American Academy of
Pediatrics).

I fully understand that it is never safe for an adult or child to sleep with
an infant (less than 1 year of age) because this increases the risk of
sudden infant death.

I acknowledge that I have been informed of the risks of unsafe sleep
practices including possible death and hereby release the attending
physician and the health system from all responsibility from any ill
effects that may occur as a result of my decision not to comply with the
safe sleep recommendations.

Witness

Signature of authorized individual

Date

Time

Relationship of authorized individual

patient label

WellSpan Health
York, PA 17405

**Infant Safe Sleep Non-compliance
Release Form**