

**Prevention of Shaken Baby Syndrome and Abusive Head Trauma
Sample Policy**

Parent or guardian acknowledgement form:

I, the parent or guardian of _____
Child's Name

acknowledges that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy.

Date policy given/explained to parent/guardian

Date of child's enrollment

Print name of parent/guardian

Signature of parent/guardian

Date