

**ITS-SIDS Alternative Sleep Position Parent Waiver**  
*Parents may only use this waiver for infants over the age of 6 months.*

**Parent/guardian completes this section.**

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age in months \_\_\_\_\_

Parent/guardian name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

**The child care facility named below places all infants on their backs to sleep to reduce the risk of Sudden Infant Death Syndrome (SIDS). As the parent or guardian of the child named above I request that the child be placed to sleep in an alternative sleep position now that my child is 6 months or older. *The facility shall retain the waiver in the child's record as long as the child is enrolled at the center.***

***This waiver is valid if I have checked the box below.***

I request that my child not be placed on the back to sleep and instead placed to sleep in the alternative sleep position described below.

I request that the child care facility place my child in the alternative sleep position described below.

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

Effective Dates of Waiver: **from** \_\_\_\_/\_\_\_\_/\_\_\_\_ **to** \_\_\_\_/\_\_\_\_/\_\_\_\_

I, as the parent or guardian of the above mentioned 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 my child due to Sudden Infant Death Syndrome (SIDS). I affirm and acknowledge that the child care facility named above gave me information about SIDS. I authorize this child care facility and its employees to place my child in the alternative sleep position described above at my request.

**Parent/guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**An authorized facility representative of the child care facility completes this section.**

Name of Child Care Facility \_\_\_\_\_ ID # \_\_\_\_\_

**Facility Representative's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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Visit the NC Child Care Health and Safety Resource Center for the most current version.

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**NORTH CAROLINA**  
**Child Care Health and**  
**Safety Resource Center**

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