Physician Permission for Swaddling

In order to reduce the risk of Sudden Unexpected Infant Death, including Sudden Infant Death Syndrome, suffocation and other sleep related deaths, Colorado Rules and Regulations for both Family Child Care Homes and Child Care Centers prohibits childcare providers from swaddling infants of any age.

Name of Child Care Facility _____ License# _____

Parent Permission:

Child Name: _____ Date of Birth: _____

Swaddling: Colorado Rules and Regulations for Family Child Care Homes and Child Care Centers prohibits the use of swaddling including use of any blankets or sleep sacks that prevent or restrict infant movement.

I, _____ give consent for my child to be swaddled as indicated by my child's physician. My child's health provider may fax this form (and applicable attachments) to my child's childcare provider.

_____ _____

Parent or Legal Guardian Signature Date

Physician Permission:

I understand that swaddling is no longer permitted for infants by Rules Regulating Family Child Care Homes and Child Care Centers, and I direct the use of swaddling for this infant for medical reason(s) stated below. By signing this form, I am acknowledging that I am directing only the use of a swaddle and that the infant must always be placed in an approved crib for sleep.

The infant named above has the following medical reason(s) which necessitates swaddling:

_____

_____

(attach additional information if necessary)

Specify when infant should be swaddled (i.e. nap time only) _____

Infant rolls from back to stomach _____ yes _____ no Infant rolls from stomach to back _____ yes _____ no

Effective dates of permission: _____ to _____

Date infant will be re-evaluated for the need of swaddling: _____

_____ _____

Physician Signature Date

Office Stamp, or write name, address, and phone number