



KIDS R KIDS – THE ACADEMY AT BLAKENEY

PRIVATE PRESCHOOL / KINDERGARTEN / ELEMENTARY SCHOOL ENRICHMENT

ALTERNATIVE SLEEP POSITION WAIVER

North Carolina Law requires child care facilities to place all infants on their backs to sleep. At the advice of the child's physician, the center may be authorized to use an alternative sleep position for the child due to medical reasons.

Child's Name: _____ Date of Birth: _____

Parent/Guardian's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Fax: _____ Email: _____

The child's primary care physician must complete the following section.

Name of Primary Care Physician: _____

Name of Practice: _____

Address: _____

Phone: _____ Pager: _____ Fax: _____ Email: _____

The above child has the following medical condition that necessitates an alternative sleep position:

Please describe the appropriate sleep position for the above named child:

Effective dates of Waiver: from ____/____/____ to ____/____/____

Physician's Signature: _____ Date: _____

I, _____ the parent/guardian of the above mentioned child, do hereby release and hold harmless Kids 'R' Kids – The Academy at Blakeney, 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 I been provided with information concerning SIDS. I further authorize the child care facility and its employees to place my child in an alternative sleep position, at the recommendation of my child's primary care physician, as described above.

Parent/Guardian Signature: _____ Date: _____

An authorized official of Kids 'R' Kids – The Academy at Blakeney must complete the following section.

Facility Representative's Signature: _____ Date: _____