

COMMITMENT STATEMENT
DEKLARASYON ANGAJMAN
Pennsylvania Shaken Baby Syndrome
Pwogram Edikasyon ak Prevansyon nan Pennsylvania
Education and Prevention Program
pou bebe yo souke

Hospital/Birth Center Instructions: Complete one form for each infant. Provide parent(s) with information about shaken baby syndrome and prevention measures. Request the parent(s), stepparent, adoptive parent, legal guardian or legal custodian voluntarily sign this form indicating the receipt and understanding of the information. Present the parents with one copy of this signed form and retain one copy in the medical record.

Enstriksyon Lopital la/Sant Matènite: Ranpli yon fòm pou chak timoun. Bay paran yo enfòmasyon sou sendwòm bebe souke ak mezi prevansyon yo. Mande paran yo, granpapa/grann, paran adoptif, titè oswa gadyen legal, pou siyen volontèman fòm sa a ki endike yo resevwa epi konprann enfòmasyon yo. Bay paran yo yon kopi siyen fòm sa a epi konsève yo kopi nan dosye medikal la.

HOSPITAL NAME: _____
(NON LOPITAL LA)

BABY'S LEGAL NAME: _____
(NON LEGAL BEBE A)

DATE OF BIRTH: _____ **SEX: M** ☐ **F** ☐
(DAT NESANS) (Sèks) (G) (F)

PARENT(S) PROVIDED SHAKEN BABY SYNDROME INFORMATION, DATE: _____
(DAT YO TE BAY PARAN BEBE SOUKE A (JJ/MM/AA) / (JJ/MM/AA)
ENFÒMASYON SOU SENDWOM LAN)

☐ **Discussed with Nurse**
(te diskite avèk enfimyè a)

☐ **Viewed Video**
(Te gade Vedeyo)

☐ **Received Brochure**
(Te resevwa bwochi)

NOTES:
(NÒT)

Parent: Information about Shaken Baby Syndrome has been presented to me by the hospital. I voluntarily sign this statement acknowledging I have received, read and understand this information.

Paran: Lopital la te ban mwen enfòmasyon sou Sendwom bebe souke a. Mwen siyen volontèman deklarasyon rekonesans sa a ke mwen te resevwa a, mwen li epi konprann enfòmasyon sa a.

SIGNATURE, MOTHER: _____
(SIYATI, MANMAN)

REFIZE: ☐ **DATE:** _____
(TE REFIZE) (DAT)

SIYATI, PAPA: _____
(SIYATI, MANMAN)

REFIZE: ☐ **DATE:** _____
(TE REFIZE) (DAT)

SIGNATURE, OTHER: _____
(SIYATI, LÒT)

REFIZE: ☐ **DATE:** _____
(TE REFIZE) (DAT)

(stepparent, adoptive parent, legal guardian, legal custodian)
(bòpè/bèlmè, paran adoptif, titè, gadyen legal)

This form and accompanying information provided in compliance with Act 176 of 2002 (11 P.S. §2121-2126).
Yo bay fòmilè ak enfòmasyon ki akonpaye l yo an konfòmite avèk Lalwa 176 de 2002 (11 PS §2121-2126).^(7/17)