

PARENT STATEMENT FOR INFANT LESS THAN SIX MONTHS AGE REGULARLY ROLLING OVER

Child Date of Birth (mm/dd/yyyy):

300 Madison Ave. Mankato, MN 56001

Child Last Name:

Parent/Guardian #1 Last Name.

An infant who independently rolls onto its stomach after being placed to sleep on its back may be allowed to remain sleeping on its stomach if the infant is at least six months of age or the license holder has a signed statement from the parent indicating that the infant *regularly rolls over* at home. Minnesota Statutes, section 245A.1435

Child First Name:

Parent/Guardian #1 First Name:

Child/Parent/	Guardian I	Information
---------------	------------	-------------

Parent/Guardian #2 Last Name:	Parent/Guardian #2 First Name:		
Infant Roll Over Consent Statement			
By completing this form, I/we (the parent(s)/guardian(s)) attest that my (our) infant <i>independently</i> and regularly rolls over onto its stomach after being placed to sleep on its back. I/we (the parent(s)/guardian(s)) acknowledge that while in the care of the licensed program, my infant will be placed on its back to sleep and that when my infant independently rolls over onto its stomach while sleeping, the license holder may allow my infant to remain sleeping on its stomach.			
Parent/Guardian #1 Signature:		Date (mm/dd/yyyy)	
Parent/Guardian #2 Signature:		Date (mm/dd/yyyy)	

^{**}Please Note: The use of this form for the parent's signed statement is optional.**