

Never Shake A Baby Arizona • Commitment Form

You are your child's best advocate. We need you to prevent the shaking of your baby.

Commitment Statement:

I have learned that crying is normal for babies, and shaking a baby can cause brain damage or death. I will make sure that anyone who watches my child knows about the dangers of shaking.

Please sign for yourself below:

Mother's Signature

date

Father's Signature

date

Witness's Signature

date

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My Plan in case my baby cries a lot:

What I can do if my baby continues to cry and I feel upset.

[] take my baby for a walk or a ride in the car

[] put my baby in a safe place and let him/her cry

[] relax myself by doing _____

[] other _____

Who I can call for help:

Name of doctor

Telephone Number

Name of family member

Telephone Number

Name of friend

Telephone Number

Note: This statement is not part of the medical record. If found, please return to NSBAz, c/o Prevent Child Abuse Arizona. PO Box 26495. Prescott Valley, AZ 86312

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