

Preschool/Transitional Kindergarten

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

Parent or Guardian Acknowledgement Form



St. John's
Lutheran School

Developing Minds.
Serving Communities.
Growing In Faith.

I, the parent, or guardian of acknowledges that I have read and received a copy of the facility's **Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy**.

Print name of parent/guardian _____

Signature of parent/guardian _____ Date _____