

Apex Peak Schools , Inc
Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy

Parent or guardian acknowledgement form

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

Date policy given/explained to parent/guardian

Date of child's enrollment

Print name of parent/guardian

Signature of parent/guardian Date

