**Parents Request of an Infant Blanket**

It is recommend from the National Institute of Child Health and Human Development and the Minnesota SID Center that infant’s children **should not** have a blanket in the crib. His Kid does practice’s this recommendation. His Kids does not allow pillows, soft toys, bumper pads, quilts and to keeps any other items away from the infant face.

By signing this form it is your request that you **would like** His Kids to use a blanket for your child. His Kids will only use a light receiving blanket that is wrapped around the infant’s waist and lower. His Kids keeps the temperatures of the center at a comfortable range so how you dress your child will keep them happy.

⁭ His Kids may give my child a receiving blanket at sleep times, the receiving blanket will be wrapped below my child’s waist.

Name of child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_