



Minnesota Department of **Human Services** _____

**OPTIONAL FORM FOR PARENT STATEMENT
INFANT LESS THAN SIX MONTHS OF AGE REGULARLY ROLLING OVER**

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

Name of Infant: _____

Date of Birth of infant (MM/DD/YYYY): _____

By completing this form, I (the parent) attest that my infant ***independently and regularly rolls over onto its stomach*** after being placed to sleep on its back. I (the parent) 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.

Name of Parent: _____

Name of Parent: _____

Signature of Parent: _____

Signature of Parent: _____

Date Signed: _____

Date Signed: _____

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