

Swaddling Authorization Form

_____ requires swaddling during times of sleep.
(Child's Full Name)

Please allow _____ to be swaddled while at Suzuki School
(Child's Full Name)

according to the following guidelines.

- should be swaddled in a wrap that has a velcro closure.
- should not be swaddled more than _____ minutes prior to being placed in their crib.
- should be swaddled no longer than _____ minutes a day while at the Suzuki School.
- The swaddle wrap should be removed immediately once woken.

This is authorized from _____, 20__ to _____, 20__.
(MM/DD) (MM/DD)

Instructions for swaddling

1. Align baby's shoulders with top of open wrap. Tuck legs inside leg pocket then open tab at top of leg pocket.
2. Wrap left wing over baby's torso and tuck under baby's opposite arm. Secure tab to top of leg pocket
3. Place right wing over left and secure opened tabs to fabric patch on left wing. Wings should fit snug over baby's chest.

Always place babies on their back to sleep!

Parent Signature

Date

Physician's Signature

Date