



## Wedge Authorization Form

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Child's Name

Campus

Classroom

has a medical condition that requires being elevated during times of sleep.

Please allow my child to have a wedge placed underneath the mattress in his/her crib while at the Suzuki School.

- ❖ The wedge should elevate my child's head at a \_\_\_\_\_ degree angle.
- ❖ The wedge should be placed underneath the mattress causing the mattress to have an incline.
- ❖ The child should be checked every 30 minutes when lying in the crib with the wedge in place.
- ❖ The Suzuki School does not provide wedges for any families.

Use of this wedge is authorized from \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_.  
(MM/DD) (MM/DD)

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Parent Signature

Date

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Physician's Signature

Date