

Avera McKennan  
**SHAKEN BABY  
SYNDROME**

Education Program



PREVENT  
**SHAKEN BABY SYNDROME!**

**Please help us prevent Shaken Baby Syndrome by completing this commitment statement.**

I have received information about **Shaken Baby Syndrome** and have been asked to voluntarily sign a commitment statement acknowledging that I have received, read and understand this information.

I understand that violent shaking is harmful and potentially deadly to a baby or toddler. I agree to participate in the program to help prevent **Shaken Baby Syndrome** by never shaking a baby or toddler. I also agree to educate anyone taking care of my baby or infant on Shaken Baby Syndrome so that they do not shake my baby.

(Please do not sign for your significant other.  
You each need to sign individually.)

Mother's Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Father's Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please help us to evaluate the effectiveness of our program by answering the following questions:

- Was the information you received helpful?
  - Yes       No
- Is this the first time you have heard about Shaken Baby Syndrome?
  - Yes       No
- Would you recommend the information be given to all parents?
  - Yes       No

Please feel free to share comments about our educational program

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