

COMMITMENT STATEMENT

承诺声明

Pennsylvania Shaken Baby Syndrome

宾夕法尼亚州摇晃婴儿综合征

Education and Prevention Program

教育与预防计划

Hospital/Birth Center Instructions: Complete one form for each infant. Provide parent(s) with information about shaken baby syndrome and prevention measures. Request the parent(s), stepparent, adoptive parent, legal guardian or legal custodian voluntarily sign this form indicating the receipt and understanding of the information. Present the parents with one copy of this signed form and retain one copy in the medical record.

医院生育中心须知:

为每个婴儿填写一份表格。向父母提供有关摇晃婴儿综合征及预防措施的信息。要求父母、继父母、领养父母、法定监护人或法定看护人自愿签署此表格，表明其收到并理解其中信息。将一份已签字的表格副本交给父母，且保留一份副本在医疗记录中。

HOSPITAL NAME: _____

(医院名称)

BABY'S LEGAL NAME: _____

(婴儿法定姓名)

DATE OF BIRTH: _____

(出生日期)

SEX: M F

(性别) (男) (女)

PARENT(S) PROVIDED SHAKEN BABY SYNDROME INFORMATION, DATE: _____

(向父母提供的摇晃婴儿综合征信息，日期)

(MM/DD/YY) / (年/月/日)

Discussed with Nurse

(与护士讨论)

Viewed Video

(观看视频)

Received Brochure

(收到手册)

NOTES:

(注)

Parent: Information about Shaken Baby Syndrome has been presented to me by the hospital. I voluntarily sign this statement acknowledging I have received, read and understand this information.

父母：医院已向本人提供了关于摇晃婴儿综合征的信息。本人自愿签署此声明，承认本人已收到、阅读并理解此信息。

SIGNATURE, MOTHER: _____

(母亲签名)

REFUSED:

(拒绝)

DATE: _____

(日期)

SIGNATURE, FATHER: _____

(父亲签名)

REFUSED:

(拒绝)

DATE: _____

(日期)

SIGNATURE, OTHER: _____

(其他相关人士签名)

REFUSED:

(拒绝)

DATE: _____

(日期)

(stepparent, adoptive parent, legal guardian, legal custodian)

(继父母、领养父母、法定监护人、法定看护人)