

COMMITMENT STATEMENT
BAYAANKA BALANQAADASHADA
Pennsylvania Shaken Baby Syndrome
Xaalada Gargariirka ilmaha ee Pennsylvania
Education and Prevention Program
Barnaamijka Waxbarashada iyo Ka-Hortagga

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.

Tilmaamaha Isbitaalka/Xurunta Dalmada: U buuxi hal foom cannug kasta. Waalidka (iinta) sii macluumaad ku saabsan xaalada gargariiska ilmaha iyo tallaabooyin ka hortagga. Codso waalidka (iinta), waalidka korsaday, waalidka soo korsaday, mas'uulka sharciga ah ama ilaaliye sharciga ah si ikhtiyaari ah inay foomkan u saxiixaan oo tilmaamaya helitaanka iyo fahamida macluumaadka. Sii waalidiinta hal koobi oo foomkan saxiixan oo ku keedi hal koobi diiwaanka caafimaadka.

HOSPITAL NAME: _____
(MAGACA ISBITAALKA)

BABY'S LEGAL NAME: _____
(MAGACA SHARCIGA AHEE ILMAHA)

DATE OF BIRTH: _____
(TAARIIKHDA DHALASHADA)

SEX: M F
(Jinsiga) (W) (G)

PARENT(S) PROVIDED SHAKEN BABY SYNDROME INFORMATION, DATE: _____
(WAALIDKA (IINTA) LA SHIYAY MACLUUMAAD GARGARIIRKA ILMAHA, TAARIIKHDA) (MM/DD/YY) / (BISHA / MAALINTA / SANNADKA)

Discussed with Nurse
(Kala hadashay kalkaalisada)

Viewed Video
(Fiidiyowga la fiirsaday)

Received Brochure
(Buug-yaraha la helay)

NOTES:
(QORAALADA)

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.

Waalidka: Warbixin ku saabsan Xaalada Gargariirka Ilmaha ayaa waxaa laigu soo bandhigay isbitaalka. Waxaan si ikhtiyaari ah u saxiixayaa bayaankan aqoonsanaayo inaan helay, akhristay oo fahmay macluumaadkan.

SIGNATURE, MOTHER: _____
(SAXEEXA, HOOYO)

REFUSED: **DATE:** _____
(DIIDAY) (TAARIIKHDA)

SIGNATURE, FATHER: _____
(SAXEEXA, AABBAHA)

REFUSED: **DATE:** _____
(DIIDAY) (TAARIIKHDA)

SIGNATURE, OTHER: _____
(SAXEEXA, KALE)

REFUSED: **DATE:** _____
(DIIDAY) (TAARIIKHDA)

(stepparent, adoptive parent, legal guardian, legal custodian)
(waalidka korsaday, waalidka soo korsaday, mas'uulka sharciga ah,
ilaaliyaha sharciga ah)