

COMMITMENT STATEMENT

承諾聲明

Pennsylvania Shaken Baby Syndrome

賓夕法尼亞州搖晃嬰兒綜合症

Education and Prevention Program

教育與預防計畫

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.

醫院/生育中心須知：

為每個嬰兒填寫一份表格。向父母提供有關搖晃嬰兒綜合症及預防措施的資訊。要求父母、繼父母、領養父母、法定監護人或法定看護人自願簽署此表格，表明其收訖與理解其中資訊。將一份已簽字的表格之副本交給父母，且保留一份副本在醫療記錄中。

HOSPITAL NAME: _____

(醫院名稱)

BABY'S LEGAL NAME: _____

(嬰兒法定姓名)

DATE OF BIRTH: _____

(出生日期)

SEX: M F

(性別) (男) (女)

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

(向父母提供的搖晃嬰兒綜合症資訊, 日期)

(MM/DD/YY) / (每月/日)

Discussed with Nurse

(與護士討論)

Viewed Video

(觀看視頻)

Received Brochure

(收到手冊)

NOTES: _____

(註)

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：醫院已向本人提供了關於搖晃嬰兒綜合症的資訊。本人自願簽署此聲明，承認本人已收到、閱讀並理解此資訊。

SIGNATURE, MOTHER: _____

(母親簽名)

REFUSED:

(拒絕)

DATE: _____

(日期)

SIGNATURE, FATHER: _____

(父親簽名)

REFUSED:

(拒絕)

DATE: _____

(日期)

SIGNATURE, OTHER: _____

(其他相關人士簽名)

REFUSED:

(拒絕)

DATE: _____

(日期)

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

(繼父母、領養父母、法定監護人、法定看護人)

This form and accompanying information provided in compliance with Act 176 of 2002 (11 P.S. §2121-2126).

此表格及提供的資訊均按照 Act 176 of 2002 (11 P.S. §2121-2126) 的規定提供。