



Helmet Approval for Sleeping Infant

This form is to document a licensed professional's approval for an infant under one year of age to wear a helmet while sleeping in a licensed program. No approval is required for an infant to wear a helmet while they are not sleeping or once they turn one year of age. This completed form must be signed by a physician, advanced practice registered nurse, physician assistant, licensed occupational therapist, or licensed physical therapist and remain on file at the licensed location.

By signing this form, I approve this infant to wear a helmet while sleeping for the reason(s) stated below.

Name of child _____ Date of birth _____

Reason(s) for wearing helmet: _____

Expected number of months of need to wear helmet: _____

Printed name of physician, advanced practice registered nurse, physician assistant, licensed occupational therapist, or licensed physical therapist _____

Signature of physician, advanced practice registered nurse, physician assistant, licensed occupational therapist, or licensed physical therapist _____ Date _____