

## Request for Swaddling Form

Child's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Reach Dane Program \_\_\_\_\_

I, \_\_\_\_\_, request Reach Dane child care staff to swaddle my infant, \_\_\_\_\_. I currently use swaddling to put my infant to sleep. I have demonstrated how I swaddle to Reach Dane staff. I understand that the medical community is uncertain about the potential health risks/benefits of swaddling. I will discuss the use of swaddling during sleep with my child's health care provider. I understand that when my infant begins to turn him/herself over while sleeping or unswaddles him/herself, staff will no longer swaddle my child during nap time.

Parent Name \_\_\_\_\_  
Parent Signature \_\_\_\_\_  
Staff Signature \_\_\_\_\_  
Start Date \_\_\_\_\_  
Date Swaddling to end \_\_\_\_\_

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### Request for Swaddling (Intervention)

I request Reach Dane to swaddle my infant, \_\_\_\_\_, as an intervention strategy to help my infant soothe and regulate while awake. Swaddling will be utilized according to the individualized instructions below. Staff will not swaddle my infant during sleep once he/she is older than four months.

### Individualized Instructions from OT Plan:

Parent Name \_\_\_\_\_  
Parent Signature \_\_\_\_\_  
Date \_\_\_\_\_

Staff Signature \_\_\_\_\_