



## 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 \_\_\_\_\_