



UFCC FORM

SLEEP CONSENT

Umbrella Family
and Child Centres
of Hamilton

To be completed for any child under 18 months of age who will be sleeping on a cot instead of in a crib.

Date: _____
MM/DD/YY

I _____ give permission for my child _____
PARENT/GUARDIAN FULL NAME CHILD FULL NAME

to sleep on a cot for nap/rest time in the Toddler Room.

Parent Signature: _____

Last Revision Approved:	October 9, 2022
Date of Next Review:	October, 2023