

Parent/student safety precautions sign-off

Read this list together with your son/daughter. *Signing this form indicates that you have read and understand all safety precautions that should be observed while your son/daughter is caring for Baby.* The student must return this form along with the *Parent/guardian permission form* to participate in the parenting simulation.

Driving

- ☐ Baby may cry while the student is driving. Please be aware that the crying may start unexpectedly, and the student should be prepared.
- ☐ Do not feed, burp, rock, change diapers, or otherwise care for Baby while driving.
- ☐ The student must bring his or her vehicle to a complete stop in a safe location before caring for Baby, or to retrieve a piece of Baby's equipment that falls.
- ☐ Failure to install Baby in a car seat in a motor vehicle could result in Baby or supplies becoming projectiles in the event of a sudden stop or accident.

Location

- ☐ Never leave Baby unattended in a public place given the potential for Baby to be mistaken for a real infant.
- ☐ Do not place Baby in or near water.
- ☐ Do not place Baby on or near a stove, especially while cooking.
- ☐ Baby should sleep somewhere close to the student's sleeping quarters, but not in bed with the student. Baby may fall out of the bed or the student could roll over on it, causing damage to Baby and discomfort to the student.

Interaction with others

- ☐ Loud crying near people with potentially serious physical conditions, such as those susceptible to heart attack or stroke, should be avoided.
- ☐ Do not allow small children to play with Baby. Baby's hands and feet are small enough to be a choking hazard.
- ☐ Baby's crying or other sounds may cause pets to become agitated or aggressive. Keep Baby out of the reach of pets or other animals.

Physical precautions

- ☐ To avoid straining your arms, use an infant car seat or carrier to transport Baby, rather than holding Baby at all times. Holding techniques are listed on the Student Care Card that accompanies Baby.
- ☐ Baby weighs 6.5 to 7 pounds and could cause discomfort for individuals with back pain.
- ☐ Do not operate any type of equipment or attempt tasks requiring the use of both hands while holding Baby.

Simulation rules

- ☐ The student must never remove his or her wristband. Not only will he or she be deducted points, but the ID may be lost, or the student may stumble around in the dark looking for it if Baby cries during the night.
- ☐ The student should note in his or her diary where he or she had to delay caring for Baby because his or her safety or the safety of others may have been compromised.

Parent name (please print) _____

Parent signature _____

Date _____

Student name (please print) _____

Student signature _____

Date _____

Parent/guardian permission form

As the parent or guardian of a student who is eligible to participate in the Baby Think It Over® Program, I have read and understand the following:

The Baby Think It Over Program will require my son or daughter to be the sole caretaker of the Baby Think It Over® infant simulator, whose sounds and behaviors replicate those of an infant. The experience is intended to demonstrate to my son or daughter the full-time commitment required for parenting an infant.

RealCare® Baby II requires care throughout the day and night. When Baby cries, it will be the responsibility of my son or daughter to attend to Baby's needs.

Baby's crying and need for care may cause my son or daughter to lose sleep, and may possibly disturb other family members. Lack of sleep may cause drowsiness. I will not allow my son or daughter to drive if overly tired.

I am aware of all safety precautions my son or daughter must be aware of while caring for Baby.

The Baby Think It Over® infant simulators are school property. If Baby is abused, damaged, or lost while in my son or daughter's care, I may be held responsible for repair or replacement costs of up to \$500.

Having read all of the above, I agree to allow my son or daughter to participate in the Baby Think It Over® Program.

Print name _____

Signed _____ Date _____

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No, I do not wish my son or daughter to participate in the Baby Think It Over® Program. I understand that if I do not allow my son or daughter to participate in this project, he or she will not receive a lower grade because of my refusal. I understand that an assignment requiring an equal amount of work will be given as a substitute for this project.

Print name _____

Signed _____ Date _____