

Follow the 
ABCs
of **Safe Sleep**

I should sleep

A **Alone**

On my

B **Back**

In a safe

C **Crib**

Right from the start

Baby's Name _____

Mom's Name _____

Mom's Doctor _____

Mom's/Our Room # _____

Birth Date/Time _____ / _____

Weight _____ lbs _____ oz / _____ gms

Head Circumference _____ in / _____ cm

Length _____ in / _____ cm

My Doctor _____

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**Department
of Health**

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