## RealCare™ Baby Parent/Guardian Permission Form

A response is requested whether permission is given or denied for your child to participate in the RealCare<sup>M</sup> Baby simulation. Please read the statements below and sign at the bottom of the form.

The Realityworks<sup>™</sup> Basic Infant Care Program will require the participants to be the sole caretaker of the RealCare<sup>™</sup> Baby infant simulator whose sounds and behaviors replicate those of an infant. The experience is intended to demonstrate to the participants the full-time commitment required as the caregiver of a new infant.

The RealCare<sup>™</sup> Baby infant simulator requires care throughout the day and night. When Baby cries, it will be the responsibility of the participant to attend to its needs.

The RealCare<sup>™</sup> Baby infant simulator's crying and need for care may cause the participant to lose sleep and may possibly disturb other family members. Lack of sleep may cause drowsiness. I will not allow the participant to drive if overly tired.

I am familiar with all of the safety precautions the participant must be aware of while caring for the RealCare<sup>™</sup> Baby infant simulator.

The RealCare<sup>™</sup> Baby infant simulator uses computerized technology and represents a substantial investment by the sponsoring organization. If the RealCare<sup>™</sup> Baby infant simulator is abused, damaged, or lost while in the participant's possession, I agree to reimburse **Educational Service Unit #1** up to \$1,300.

## Please check one box below and sign where indicated.

I un	derstand	the statements	above and	(check one	of the fol	lowing):
-				(· · · · ·		- 0)

□ Agree

□ Do Not Agree

to allow \_\_\_\_\_\_ (participant's name) to participate in the care simulation with RealCare<sup>™</sup> Baby infant simulator. I understand that if do not allow my child to participate in the project, he/she will not receive a lower grade because of my refusal. I understand that an alternative assignment requiring an equal amount of work and family involvement will be given as a substitute for this project.

Parent or guardian signature/Date

(Teacher Resources)