The South Carolina Department of Social Services, Adoption Services (DSS), requested that I/we view the video pertaining to the dangers associated with shaking infants and young children and the importance of parents and caregivers learning CPR. I/we acknowledge that I/we have been offered the opportunity to view the above-referenced video.

Name of Foster/Adoptive Parent: ____________________________________________  (Print or type)
Signature of Foster/Adoptive Parent: ____________________________________________  Date: _________________

Name of Foster/Adoptive Parent: ____________________________________________  (Print or type)
Signature of Foster/Adoptive Parent: ____________________________________________  Date: _________________

DSS Form 2540 (AUG 08)