

Name: _____

Date: _____

SAFE SLEEP

Q Z Q E P N S X C A R S E A T W T
P K E R V C N B T U B X H T D H J
D M W P S S E R T T A M M R I F A
O P O G I Z B T A G W E N O L A X
V W C D N H P G O A R I P I O Y M
E E S P V I G N I R A H S M O O R
R I K Q V P P T X N Z W M D E D Q
H A W Q C T N E R M V P U Z I E H
E F L B Q W P G E X C V Y T M E D
A G D C S C M G U L H D H H D F V
T I G H T S H E E T S T X U X T T
C Q N L K U S Y B L Y O S Q X S E
D R J Y K V J H Y M B R C J B A P
J T T V D I S L U F Z A X R I E K
J B R S M O K E F R E E C Y R R A
C I C L B Z W E Y G A C P K C B A
Y U G N P R T O I U K O V K F N X

FIRM MATTRESS

ROOMSHARING

COSLEEPING

BREASTFEED

TIGHTSHEET

SMOKEFREE

OVERHEAT

CARSEAT

ALONE

CRIB

BACK

SIDS