



Swedish Medical Center

INFANT SECURITY

Compliance Agreement

Student Name (Printed): _____

Specialty: _____ Trauma Services _____

I hereby affirm that I will adhere to the guidelines of the infant security program at Swedish Medical Center. I will ensure that access restrictions are maintained on the unit by not allowing individuals not displaying a Swedish issued photo ID badge to follow me onto the unit.

I acknowledge that failure to comply with Swedish's established infant security program will result in the loss of my badge access to the unit.

Student Signature: _____ Date: _____