

NMCSSDP Car Seat Recipient Form

PROPRIETARY INFORMATION, Revised JUN 2022

Form reviewed for accuracy and completeness

INITIALS:

Name of distribution site: _____

Name of person distributing seat: _____ Date: ____ / ____ / ____

Type of seat distributed:

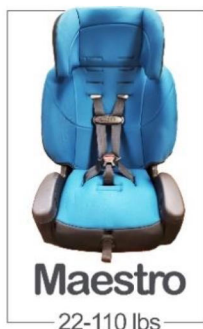
☐ Infant Seat



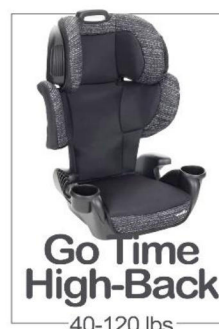
☐ Convertible



☐ Combination



☐ High-Back Booster



☐ No-Back Booster



Parent/Caregiver name

County

Address

City

State

Zip

Phone

NM only

Are you participating in a public assistance program? ☐ Yes ☐ No ☐ Medicaid ☐ WIC
☐ New Mexikids ☐ Other

Child's Full Name

Child's DOB or Delivery Due Date

Child's Weight

Child's Height/Length

Before receiving my car seat, I did the following:

Check all that apply

- ☐ Received information to watch the "Simple Steps" video
- ☐ Received brochure
- ☐ Received instruction on my car seat from the person who gave me the seat
- ☐ Worked with a technician to install my car seat



Initial here if you paid the agency for your car seat.

Comments:

Agency

Fee Collected

☐ Yes ☐ No

Amount Collected

I/we _____ (please print) understand and agree that the sole purpose of this program, is to help reduce the incidence of improper installation of car seats: that this inspection is being provided as a free service to me; that this program cannot fully evaluate the quality, safety, or condition of my car seat or any component of my vehicle, including the seats or safety belts; and that this program cannot guarantee my child's safety in a vehicle collision. According to the National Highway Traffic Safety Administration, a car seat can reduce fatal injury by 71% for infants and by 54% for toddlers. It is important that I read both the vehicle and child car seat instruction manuals.

For these reasons, I agree to hold harmless the sponsoring organizations and Safer New Mexico Now and its technicians, agents, employees, officers and directors, and volunteers from any present and/or future liability and damages for claims for injuries, including death, arising from the information received today and/or resulting from my participation in today's events.

Parent or legal guardian signature: _____ Date: ____ / ____ / ____

Complete and mail with
NMCSSDP Monthly Report Form:

Safer New Mexico Now
9400 Holly Avenue NE, Suite 201
Albuquerque, NM 87122

