

NMCSSDP Child Safety Seat Recipient Form

Revised: FEBRUARY 2008

Form reviewed for accuracy and completeness

Program Coordinator's Initials

Name of distribution site: _____

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

Type of seat distributed:

Car Bed

Convertible

Combination

High-Back Booster

No Back Booster



Angel Ride
Birth-9 lbs



Titan
5-50 lbs



Express
20-100 lbs



Sightseer High-Back
30-100 lbs



Big Kid High-Back
30-100 lbs



Big Kid No-Back
40-100 lbs

Parent/Caregiver name			County
Address			
City	State	Zip	Phone

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 child safety seat, I did the following:

Check all that apply

- Watched an educational video
- Received brochure
- Received instruction on my child safety seat from the person who gave me the seat
- Worked with a technician to install my child safety seat

Initial here if paid \$15.00 to the agency for your child safety seat.

Installation Notes:

Agency: Make any fee notes here.

I/we _____ (please print) understand and agree that the sole purpose of this program, is to help reduce the incidence of improper installation of child safety 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 child safety 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 child safety 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 safety 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

