



MEBANE FIRE DEPARTMENT VIRTUAL CAR SEAT CHECK Pre-Check Form



Thank you for requesting a virtual car seat check. Please read the following carefully, fill out the information requested, and sign the release form. Return the completed form per instructions provided when the form was sent to you. If accessing this form online, save it to a computer so it can be filled out, saved, and sent electronically.

What you should know about this checkup:

A car seat check (checkup) is an educational interaction between a child's caregiver(s) and a certified child passenger safety technician (CPST) to promote the safety of the child while riding in a vehicle. This form gathers important information from caregivers that a CPST can use to prepare for a successful *virtual* car seat check. While it is generally preferable to conduct checkups in person, a virtual checkup can provide essential education when it is difficult to arrange in-person interactions, including during inclement weather or when social distancing is imperative. Ideally, follow up afterward by scheduling an in-person checkup when conditions allow, if possible.

Please email completed form to: JLivers@cityofmebane.com

Caregiver and Child Information:

Name of caregiver: _____

Age of child (or indicate if unborn): _____

Child weight (if born): _____

Child height (if born): _____

Address, St., City, State, Zip: _____

Email: _____

Phone: _____

Please indicate any special needs relevant to car seat use: _____

Other children, such as siblings, who regularly ride in the vehicle (age/weight):

What technology can you use for a virtual checkup? (i.e: FaceTime, Skype, Zoom): _____

Car Seat Information:

Find the following information on a sticker on the car seat and/or it's base. It is also located on the postcard that should be mailed in to register for recalls.

Car Seat BRAND: _____

(ie: Baby Jogger, Baby Trend, Britax, Chicco, Clek, Combi, Cosco, Cybex, Diono, Evenflo, Graco, Harmony, Kids Embrace, Nuna, Peg Perego, Uppababy, Urbini, other)

Car Seat MODEL NAME: _____ Car Seat MODEL NUMBER: _____

Car Seat MANUFACTURE DATE: _____

Do you have a hard copy of the owner's manual? (Y/N) _____

Is the car seat part of a travel system (stroller)? (Y/N) _____

Vehicle Information:

Find the following information on registration documents, the vehicle owner's manual, and/or on the sticker inside the driver-side door's doorframe.

MAKE (i.e. Ford, Toyota): _____ MODEL (i.e. Escape, Sienna): _____

MODEL YEAR: _____ MODEL STYLE (i.e. van, SUV, sedan, convertible): _____

Number of seating position in rear row(s) of vehicle: _____

Do you have a hard copy of the owner's manual? (Y/N) _____

Sign the hold-harmless agreement:

I understand and agree that the sole purpose of this program is to help reduce the incidence of improper child safety seat installation; that this virtual checkup is being provided as an educational service to me; that this program cannot fully evaluate the quality, safety or condition of the child safety seat or any component of my vehicle, including the LATCH system, seats, safety belts and locations of air bags; and that this program cannot guarantee my child's safety in a vehicle collision. I understand that it is important to read and follow the instruction manuals for both the vehicle and the car seat. For these reasons, I hereby release local, state and national passenger safety programs, certified CPS technicians, and any program participants or agencies for any present or future liability for any injuries or damages that may result from a vehicle collision or otherwise.

(Parent/Guardian Name)

Phone

Date

By checking the box and returning this form, caregiver agrees to these terms Date: _____



This material was originally developed by Safe Ride News Publications and Washington State's Child Passenger Safety Program, and happily shared with our partners in the child passenger safety community.

