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:

O **Infant Seat**	O **Convertible**	O **Combination**	O **High-Back Booster**	O **No-Back Booster**
LiteMax 35 4-35 lbs	SureRide 65 5-65 lbs	Maestro 22-110 lbs	Go Time High-Back 40-120 lbs	Go Time No-Back 40-120 lbs

Parent/Caregiver name				County

Address				

City	State	Zip	Phone	
	NM only			

Are you participating in a public assistance program? O Yes O No O Medicaid O WIC
O New Mexikids O 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 O Received information to watch the "Simple Steps" video O Received brochure O Received instruction on my car seat from the person who gave me the seat O Worked with a technician to install my car seat [_____] **Initial here if you paid the agency for your car seat.**

Comments:

Agency	Fee Collected O Yes O 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

New Mexico DEPARTMENT OF **TRANSPORTATION** SAFER New Mexico Now