

VIRTUAL CAR SEAT CHECK REQUEST FORM

A **Virtual Car Seat Check** is a private virtual visit (over video chat) to learn how to safely use your car seat. You can complete this form electronically by typing your information into the text boxes. Email your completed form or any questions to childsafety@multicare.org

We are also offering a limited number of **In-Person Car Seat Checks** at our Tacoma office. To view our in-person schedule and register yourself, click [HERE](#)

Scheduling a Virtual Check:

What weekdays are you available? Mon Tues Wed Thurs Fri Any

What time of day are you available? 8a – 12n 1 – 5pm either

Caregiver and Child Information

(to include a 2nd child/seat, add that information on the next page)

Name of parent/caregiver:

Email:

Cell Phone:

City & Zip Code:

If child is not born yet:

Due Date:

If child is born:

Name:

Age:

Weight:

Height:

Car Seat Information:

Car Seat BRAND:

Car Seat MODEL NAME:

Car Seat MODEL NUMBER:

Car Seat MANUFACTURE DATE:

This car seat is: NEW (never used) USED, seat history known USED, history unknown

Do you have the car seat instruction manual? YES NO

Vehicle Information:

MAKE:

MODEL:

MODEL YEAR:

Do you have the vehicle owner's manual? YES NO

If you would like to install in a 2nd vehicle during the same appointment:

MAKE:

MODEL:

MODEL YEAR:

Do you have the vehicle owner's manual? YES NO

Other:

If there is anything else you think we should know, feel free to add it here (perhaps scheduling conflicts, or to explain your child's special health care needs, if any):

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 inspection 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 MultiCare Health System; local, state, and national child 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.

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

Date:

If you have additional car seats/children to assess during the same appointment, please indicate below:

If child #2 is not born yet, what is due date:

Name: _____ Age: _____

Weight: _____ Height: _____

Car Seat BRAND:

Car Seat MODEL NAME:

Car Seat MODEL NUMBER:

Car Seat MANUFACTURE DATE:

This car seat is: NEW (never used) USED, seat history known USED, history unknown

Do you have the car seat instruction manual? YES NO

If child #3 is not born yet, what is due date:

Name: _____ Age: _____

Weight: _____ Height: _____

Car Seat BRAND:

Car Seat MODEL NAME:

Car Seat MODEL NUMBER:

Car Seat MANUFACTURE DATE:

This car seat is: NEW (never used) USED, seat history known USED, history unknown

Do you have the car seat instruction manual? YES NO