

Car Seat Safety Check

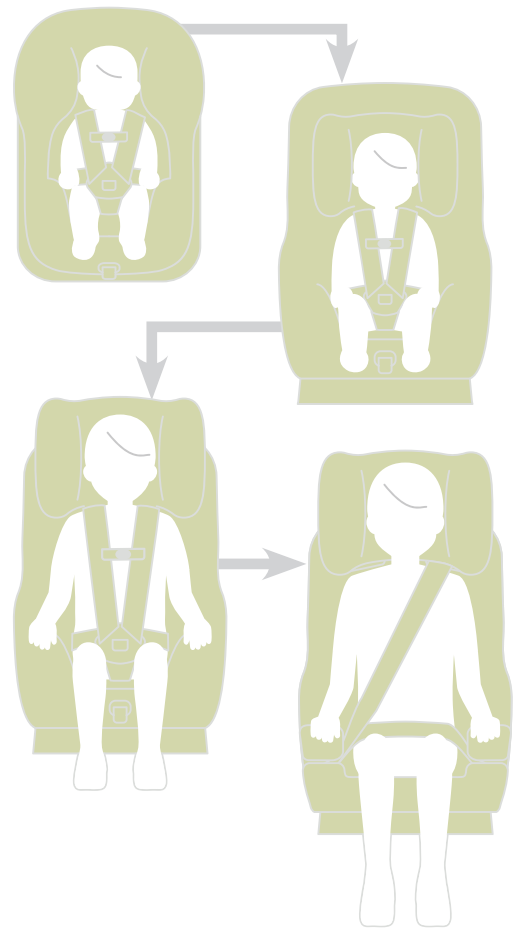
Saturday, Aug 6 • 2pm-5pm

Mercy Hospital of Buffalo
3rd floor parking ramp
565 Abbott Rd, Buffalo, NY 14220

Ensure your children are as safe as possible in their car seats and reduce the risk of injury. Find out if your car seat is in good working order, is the correct size for your child, and has not expired. For best results, bring your children to be measured and fit.

You may even receive a complimentary car seat.*

**Quantities are limited. Available to those with WIC or Medicaid eligibility, while supplies last.*



Child Safety Seat Program Application Form

A service of Catholic Health made possible by a grant from the Governor's Traffic Safety Committee

Parent/Guardian: _____ Phone: _____

Street Address: _____ Email: _____

City, ST, ZIP _____ Rural Urban

Type of vehicle used most frequently: _____

Do you often use a bus or taxi? _____ Culture or Ethnicity (optional): _____

Child's Name: _____ Age: _____ Unborn

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Any special needs? _____

I understand and agree that the sole purpose of this program is to help reduce the incidence of the improper installation of child restraints; that this inspection is being provided as a free educational service to me; that this program cannot fully evaluate the quality, safety, or condition of the child restraint, the child restraint provided, or any component of my vehicle, including the seats or safety belts; and that this program cannot guarantee my child's safety in a motor vehicle collision. However, I understand that a properly used child restraint can reduce serious and fatal injury and that it is important to read both the vehicle owner's manual and the child restraint instruction manual. For these reasons I hereby release Catholic Health (healthconnection@chsbuffalo.org) and other operating entities; and any program participants, from any present or future liability for any injuries or damages that may result from a vehicle collision or otherwise.

Signature of Parent/Guardian Date

Referral Information (Official Use Only)

Social Worker or Healthcare provider making the referral: _____

Facility and Position of person making referral: _____

Has an appointment been made for a car seat class? Y N Date of class: _____

Income guidelines have been verified by viewing one of the below:

Food stamps documents Medicaid Card WIC documentation Other

Signature of Healthcare provider/ Social Worker Date

Due to grant rules, no car seats can be given away without car seat class attendance. Registration for car seat classes can be made by calling HealthConnection at (716) 447-6205. Please mention this application when registering for the car seat class and bring it to the class. Whenever possible, **please email this application to Clewis4@chsbuffalo.org or fax to (716) 862-2185 in advance.**



Tour our new Women's Health Center

No appointment necessary.

