Formerly Known As
Monroe Plan for Medical Care

Infant Car Seat Recipient Release Form

Member Name: _____ DOB: _____

Address: _____City: _____State: ___ Zip: _____

Car Seat Manufacturer/Model Name:	
Model Number:	
Date of Seat Manufacturer:	
Member CIN Number:	

I acknowledge receipt of the car seat. I agree to work with Elm and Oak Health patient outreach representatives should I encounter any barriers to engaging in follow up and preventative care for both me and my child.

- Postpartum Follow Up visit: 4-6 weeks after delivery; sooner if you have complications. *
- Pediatrician Visit: within the first week of life. Then at 1, 2, 4, 6, 9, and 12 months. *

_____I understand the importance of checking instructions in the owner's manuals for both the car seat and the vehicle each time I install the car seat in a new vehicle.
_____I understand that it is important to use the car seat correctly on every ride.
_____I understand that if I do not use it correctly, my child will not be safe.
_____I have received all straps, buckles, locking clips and other items necessary for proper use of this seat as described in manufacturer's instructions. I have found the seat to be in new condition.
_____I will complete the manufacturer registration card and will mail it the manufacturer so that I may be notified of any future safety concerns.
_____I have been given a list of agencies who can help with correct installation.

_____I understand that this car seat expires on _____

I (parent) agree to use this seat correctly, according to manufacturer's instruction, every time I travel with my child.

Signature of Parent: _____Date:_____

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* AAP and ACOG Recommended Frequencies