

Child Car Seat Loan Form

STAFF COPY – KEEP in Car seat Cupboard

[Patient Label]

Starship Record (please return form to car seat cupboard)

Name of staff member providing car seat to family

NAME:

JOB TITLE / Ward:

Family provided with copy of car seat manual (tick confirms YES): ☐

Family member accepting seat (AND relationship to child)

CONTACT DETAILS.....

.....

Arrangement made with family for returning the seat:

Date car seat due back:.....

Seat Number/ Description :

Child Car Seat Loan Form

Please give this half of the page to family / whanau

[Patient Label]

Family / Whanau Information

PLEASE RETURN THIS CAR SEAT TO THE FOLLOWING:

Name / Role:

Department / Ward:Contact Phone:

Family provided with copy of car seat manual (tick to confirm yes) ☐

Arrangement for returning the seat (how it will be returned):

Date car seat due back:.....

Seat Number / Description:



Loan conditions

This car seat is ADHB / Starship property and must be returned.

Always use this car seat according to manufacturer's instructions

This car seat is loaned only for use by the child named on this form, who is/or has been a patient at Starship. The seat is not to be loaned to anyone else, or passed on for use by any other child.

This child car seat is clean and in good order at the time of lending. If any cleaning is required while you have use of this seat, please clean it according to manufacturer's instructions.

Please notify Starship immediately should this car seat be in a vehicle that is involved in a crash.

Any urgent queries please text or call the
Starship Trauma Coordinator 0212415771

STAFF NOTE

The family MUST be provided with a copy of car seat instructions

The loan form MUST be completed and a copy left in the cupboard

The Staff member lending the seat is responsible for having it returned and informing the Starship Trauma Coordinator if this is not possible.

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