

Scheduler Worksheet

(To be completed by CPST.)

Parent Last Name

Date

What type of car do you ride in with your family?

Vehicle _____ Make _____ Model _____ Year _____

Cell Phone

Email

How many people in each of the following age groups ride in the family car?

CPST sent caregiver Car Seat Checkup handout.

Yes No

Children _____

(newborn to 12 years of age)

Teenagers _____

(13 to 19 years of age)

Adults _____

(20 years of age and older)

Is there a baby on the way?

Yes No

Please answer the questions below for each child under the age of 12.



1 Rear-facing seat



2 Car seat with harness



3 Booster seat (no back)



4 Booster seat (highback)



5 Seatbelt

| Child's Info | Does this child have a car seat/booster seat? | If yes, what type? (Circle the number that matches the type of seat shown above.) | CRS Brand | CRS Model Name |
|---|--|---|-----------|----------------|
| Initials _____ Age _____ Weight _____ Height _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | 1 2 3 4 5 | | |
| Initials _____ Age _____ Weight _____ Height _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | 1 2 3 4 5 | | |
| Initials _____ Age _____ Weight _____ Height _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | 1 2 3 4 5 | | |
| Initials _____ Age _____ Weight _____ Height _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | 1 2 3 4 5 | | |

CPST referred caregiver to car seat manufacturer. Yes No