

To be completed by the prescriber

Advice to Parent form

Date

1. Child's details

Full name

Date of birth

Disability and/or medical condition

2. Parent/guardian details

Full name

Phone number

Address

3. Prescriber's details

Name

Organisation

Occupation

Email

Phone number

4. Prescribed product(s)

- Australian standard car seat
- Modified Australian standard car seat
- Modified seatbelt (e.g. seatbelt buckle cover)
- Special purpose car seat
- Specialty harness/vest
- Other option

Commercial name of product(s) (where applicable)

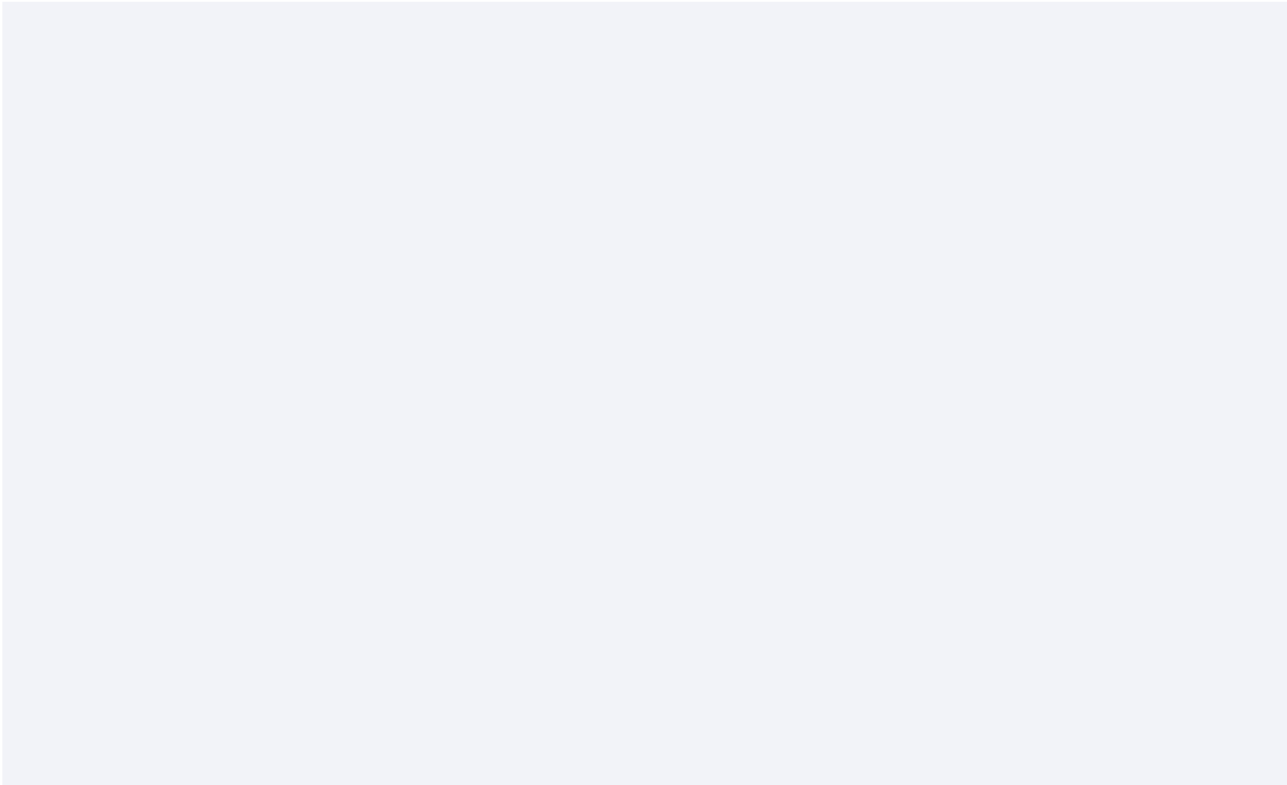
Describe modification or other option (where applicable)

Reason for prescribing

Review date

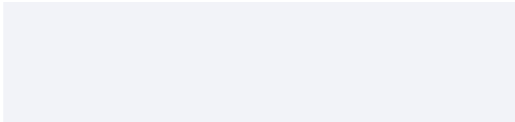
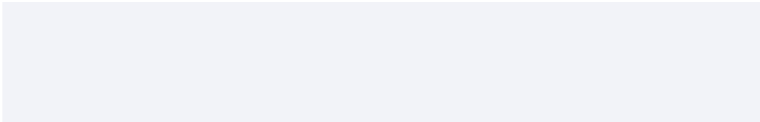
The prescribed devices (or other option) are for use in the following motor vehicles (list)

5. Important information about installation and use



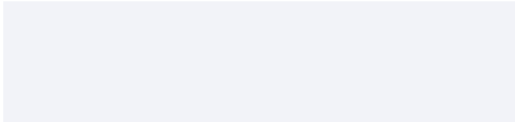
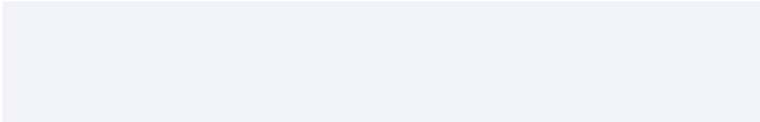
Parent/guardian signature

Date



Parent/guardian signature

Date



For more information about transporting children with disabilities visit www.macahub.org