For a child under 6 months

***IMPORTANT****: This template is for the use of* ***Prescribers*** *as defined by AS/NZS 4370:2013 Restraint of children with disabilities, or medical conditions, in motor vehicles:*

*“The person or persons responsible for assessing an individual child’s needs and prescribing the way in which a child with a disability or medical condition should be transported in a motor vehicle. For example,* ***occupational therapist, physiotherapist, medical practitioner, rehabilitation engineer****.”*

[insert date]

Dear Dr [insert doctor’s name]

Re: [insert child’s full name and DOB]

[insert child’s name] is [insert age in years and months] who due to his/her [insert details of diagnosis/ disability/medical condition] is requiring support with his/her vehicle restraint needs.

As such, I have assessed [insert child’s name] restraint needs in accordance with *AS/NZS 4370:2013 Restraint of children with disability, or medical conditions, in motor vehicles*. [insert child’s name] is unable to be restrained in accordance with Road Rule (RR) 266(2) due to his/her disability or medical condition.

 **266 Wearing seatbelt – passenger under 16 years old**

 (2) If the passenger is less than 6 months old, the passenger must be restrained in a suitable and properly fastened and adjusted rearward facing approved child restraint.

In accordance with the RR 266(2C), [insert child’s name] requires a medical certificate to legally travel in the restraint option I have recommended.

 266—Wearing of seatbelts by passengers under 16 years old (note this rules only applies to children under 7 years)

 (2C) The driver does not have to ensure subrule (2), (2A) or (2B) is complied with for a passenger if—

 (a) the driver is carrying a medical certificate that states a medical practitioner believes the passenger should not be restrained in any of the ways described in those subrules because of a medical condition or disability that the passenger has; and

 (b) the passenger is properly restrained in a child restraint that has been designed for, and is suitable for use by, the passenger or a person with the same medical condition or disability as the passenger; and

 (c) the driver is complying with any conditions stated in the medical certificate

I have provided the parents with education in regard to the prescribed restraint, and this information is contained in the Advice to Parent form (copy attached). Please note I recommend [insert child’s name] vehicle restraint needs be reviewed by an allied health professional within [insert time period, no more than 12 months].

Can you please sign the attached “Medical Certificate”, or write your own certificate and give the original copy to the parent(s)/guardian(s).

The parent(s) have been informed as per the road rule, that the medical certificate should be carried by the driver in the vehicle that the child is travelling in at all times.

If you have any questions, please contact me [insert contact details]

Yours sincerely

*AHP title and signature*

□ *Copy on client file*

□ *Copy to parent/guardian*