PROVIDE Please affix Patients	ient ID	for Kids* Car Seat	R_X
sticker and comp the green areas. completes yellow Tear off top cop Rx slip at perfor and give to pare Return form to I Free Atlanta.	Parent w area. by of ration ent.	Today's date: Provider's Name: Department or Clinic:	Grady Health System Child's Measurements
PARENT Please answer the questions in yell and return this for the person who to you. You will given a prescript for a free car sea your child.	ne low orm to gave it l be tion	Phone Number: Circle provider type: Physician Social Worker Health Educator Nurse Other Signature: Child's Name:	Height Weight PARENTS To get the free seat, call 404-616-3159 Your Rx number is RxA0002
Patient ID Sticker	1. Your 2. Best		 Zip code of child's home address: Do you live with this child? Y
		e your relationship to this child: Mother Grandmother Grandfather Other (write in):	6. How old are you?
	8. Write 9. Child Cau	many people live with this child? Adults: Children: e in children's ages:	10. Check your highest level of education: Elementary (0-5) Middle School (6-8) Some High School (9-12) High School Graduate/GED Some College College graduate or beyond
 11. Tell us your reasons for not having a car seat for <i>this child now</i>. Check <u>all</u> that apply. a. Car seats are too expensive for me to buy one. b. I don't know what kind of car seat my child needs. c. My car or truck doesn't fit a car seat. d. I didn't think a car seat would make much difference in keeping my child safe. 			12. Circle language(s) spoken in the child's home: English Spanish Other
 e. I think my child will hate being in a car seat, or will cry. f. I want to be able to hold my baby in my lap in the car. g. There isn't enough room for all the kids to fit in the car in car seats. h. I thought my child was too big to need a car seat. i. My child rides in more than one car. j. My child doesn't ride in a car very often. k. I don't know how to put a car seat in my car right. I. I don't like the idea of restraining my child. m. I don't like not being able to see my child well when I am driving. n. A car seat doesn't work in my life; I take the bus or I get rides from people. o. Other (write in): 			 13. How often does your child ride in a car? once a day or more almost every day a few times a week a few times a month once a month or less 14. Has this child ever had a car seat before? Y N