

BCAA Child Passenger Safety

Child Seat Clinic Checklist

Educator: _____ Date: _____

Discussed with participant

Choosing	<input type="checkbox"/> Child car seat <input type="checkbox"/> Seating position in vehicle (rear center preferred)
Installing seat	<input type="checkbox"/> Recline seat (Rear-facing 45°; Forward-facing: check manual) <input type="checkbox"/> Correct belt path (Closest to the back of vehicle seat) <input type="checkbox"/> Tight seat (1 inch or less when holding at belt path) <input type="checkbox"/> Correct tether anchor location <input type="checkbox"/> Tight tether strap
Securing Child	<input type="checkbox"/> Harness level (Rear-facing: below shoulder; forward-facing: above shoulder) <input type="checkbox"/> Buckle fastened (Both latches secure) <input type="checkbox"/> Chest clip secured (Level with arm pit)
COMMENTS	

Name: _____ Phone: _____

Address: _____ Postal Code: _____

Email: _____

I understand and agree that the primary purpose of the Child Passenger Safety program is to help reduce the incidence of improper use of child car seats. This information is being provided as a service to me and is not intended to evaluate the quality, safety or condition of my child car seat or any component of my vehicle including the seats or seat belts. It is not intended to provide legal or professional advice or to be relied on in a dispute, claim, action, demand or proceeding. This information cannot guarantee a child’s safety in a collision.

I also understand that BCAA does not accept responsibility for any loss, damage, injury or expense that may be suffered by me or a child for whom I act as guardian arising from using a child car seat. In consideration for allowing me to participate in this program, I hereby release the sponsorship organizations, workers and volunteers from any and all actions, causes of actions, claims and demands of any nature whatsoever in any way arising from my participation in this program. I agree that this waiver be effective and binding upon my heirs, next of kin, executors, administrators and assigns.

☐ Yes, I have read, understand and agree with the waiver

Signature: _____ Print name: _____