

*The term child refers to persons up to 16 years of age with a disability and/or medical condition, however Standard AS/NZS 4370: 2013 can be applicable to individuals over the age of 16 years with a disability and/or medical condition.

Advice to individual/parent/carers form		
1. Client's details		
Client's full name:	Date of birth:	
Client's Diagnosis:		
2. Parent/Carer details (legal guardian OR parental responsibility for child* under a decision or order of a court)		
Full name:	Telephone:	
Address:		
3. Prescriber's details		
Full name:	Organisation:	
Email:	Telephone:	
Address:		
4. Prescribed Restraint		
<input type="checkbox"/> Modified Compliant Child* restraint (Section 5)	<input type="checkbox"/> Special purpose child* restraint (Section 6)	<input type="checkbox"/> Customised restraint/or other option (Section 7)
5. Modified Compliant child* restraint details		
Commercial name of restraint:		
Modification prescribed (if applicable):		

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Adapted from AS/NZ 4370:2013 Restraint of children with disabilities, or medical conditions, in motor vehicles

Reason for prescribing a modification:	
Is the modification reversible: <input type="checkbox"/> Yes <input type="checkbox"/> No Details:	
Period of time the restraint is prescribed for:	Review date:
6. Special purpose child*restraint	
Commercial name of restraint:	
Reason for prescribing a special purpose child* restraint:	
Period of time the restraint is prescribed for:	Review date:
7. Customised restraint or other option details	
Commercial name of restraint:	
Description of customised restraint or other option:	
Reason for prescribing a customised restraint or other option:	
Period of time the restraint is prescribed for:	Review date:
8. Information for installing, using and maintaining the restraint	
NOTE: Ancillary equipment can cause injury to occupants in a crash and should be stored and secured safely. Where possible, it is recommended ancillary medical equipment be stored in accordance with AS/NZS: 4535.	
Parent/Carer signature:	Date:
Prescriber's signature:	Date:
Prescriber's discipline:	
NOTE: A medical certificate may need to be carried in the vehicle in which the child* is travelling to comply with road rules that apply in the jurisdiction.	

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