

Prescribers Form Template

The driver of the vehicle must transport the child in compliance with this advice at all times when the child is a passenger in the vehicle. This form must be produced to a police officer on request. **Please ensure you check your state/territory's specific legislation regarding any additional requirements or forms for transporting a person with a disability or medical condition.**

1. CLIENTS DETAILS	
Client's full name	
Diagnosed condition	
Date of birth	
2. PARENT/ LEGAL GUARDIAN DETAILS	
Parent / guardian full name	
Address	
Telephone	
Email	
3. PRESCRIBER'S DETAILS	
A prescriber may be a medical doctor, occupational therapist, psychologist, physiotherapist or biomedical engineer.	
Full name	
Organisation	
Email	
Telephone	
4. PRESCRIBED RESTRAINT	
<i>Refer to your state governments website for definitions.</i>	
<input type="checkbox"/> Compliant child restraint (Meets AS/NZS 1754) <input type="checkbox"/> Special purpose child restraint (Does not meet AS/NZS 1754) <input type="checkbox"/> Customised compliant restraint or other option	
5. COMPLIANT RESTRAINT DETAILS	
Commercial name of restraint (if applicable)	
Reason for prescribing	

Period of time the restraint is prescribed for (maximum 7 years)	
Review date (maximum 12 months)	
6. SPECIAL PURPOSE RESTRAINT DETAILS	
Commercial name of restraint (if applicable)	
Reason for prescribing	
Period of time the restraint is prescribed for (maximum 7 years)	
Review date (maximum 12 months)	
7. CUSTOMISED RESTRAINT OR OTHER OPTION DETAILS	
Description of customised restraint or other option	
Modification prescribed (if applicable)	
Reason for prescribing a customised restraint or other option	
Is the modification reversible? <input type="checkbox"/> No <input type="checkbox"/> Yes	Details:

8. INFORMATION FOR INSTALLING, USING AND MAINTAINING THE RESTRAINT

For example: According to the restraint manufacturer's instructions, referral to an installer, and additional anchorage points are required.

NOTE: It is recommended to seat persons with a disability and medical condition in accordance with [AS/NZS 4370](#). Ancillary equipment can cause injury to occupants in a crash and should be stored and secured safely. For storage of ancillary medical equipment see [AS/NZS 4535](#).

NOTE: The prescribed restraint is for the primary vehicle in which the child is transported. A copy of the form must be present in all vehicles the restraint is being used.

PARENT GUARDIAN SIGNATURE DATE

PRESCRIBERS SIGNATURE DATE