

Safe Travel for All Children:
Transporting Children with Special Health Care Needs

Release of Information Form

(Updated 12/05/2019)

I, _____, give permission for the Automotive Safety Program, Riley Hospital for Children, Indiana University School of Medicine, to include the information noted below into a database. It is my understanding that this information will be posted on Safe Kids Worldwide so that I can be designated as a CPST with special needs training on the Safe Kids Worldwide web-based technician list.

I also allow the Automotive Safety Program to release this information to individuals interested in receiving training and educational resources in special needs transportation.

Name: _____

Location/Dates attended "Safe Travel for All Children": _____

Course Instructor(s): _____

Child Passenger Safety Technician or Instructor Certification Number: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail address: _____

Signature: _____

Please return this form to: Anthony McGovern, Automotive Safety Program, Fesler Hall Room 207, 1130 W. Michigan Street, Indianapolis, IN 46202 or fax to (317) 274-6710. Thank you.

If you **do not** want to release information for use in the databases or to individuals, please sign here: _____