



Injury Prevention Service Application:

Car Seat for Child

This application provides Comanche Nation Tribal Parent(s), Grandparents with Legal Guardianship over child, Legal Guardians who have child under their custody, Foster Parents with Legal Guardianship over child, Separated/Divorced Parent(s), and Single Expecting Mothers, 18 years of age or older, the opportunity to receive a car seat for their child. This service is provided multiple times contingent on child's growth and development (age, weight, and height). Inventory is limited, so no more than two (2) car seats is granted (one for the mother and/or one for the father, depending on situation), and can be picked up only by the applicant applying or a family member with written permission from the person applying. Grandparents, Legal Guardians, and Foster Parents will only receive one (1) car seat. Incomplete applications will not be accepted.

Program is under a restructuring stage, so until further notice, only one car seat per applicant

Supporting Documentation Needed: (must be submitted with service application)

- (1) Personal Identification (Driver's License, State ID, Military ID, etc. – must show photo)
- (2) Tribal Enrollment Letter or CIDB Card (Applicant must be an enrolled Comanche Nation Tribal Member)
 - If child is Comanche, please submit Tribal Enrollment Letter or CDIB Card.
- (3) Proof of Legal Guardianship (tribal court documents, state court documents, etc.)
 - Only applies to Grandparents, Legal Guardians, and Foster Parents.
- (4) Single Expecting Mothers must be at least six (6) months into pregnancy to receive service.

CONTACT INFORMATION:

Office Phone: 580-492-3531

Office Email: injuryprevention@comanchenation.com

Physical Address: 584 NW Bingo Rd., Lawton, OK 73507 (inside Records Retention building)

Mailing Address: Comanche Nation Injury Prevention, P.O. Box 908, Lawton, OK 73502

Application Revised & Updated: November 12th, 2024



[APPLICANT ONLY]

Person Applying (circle): Parent Grandparent Legal Guardian Foster

- **If Parent (circle):** Single Married Separated/Divorced
- **If Grandparent (circle):** Grandma Grandpa Both
- **If Legal Guardian, what relation (circle):** Sister Brother Aunt Uncle Cousin Other
- **If Foster (circle):** Native American Parent(s) Non-Native American Parent(s)

We only need at least one (1) person's information below, preferably the applicant applying:

Name: _____ **CDIB #:** _____ **Email:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **County:** _____ **Phone #:** _____

Gender: Male Female Unborn *(If child is unborn, please skip age, weight, and height.)*

Name of Child: _____ **Tribe:** _____ **CDIB#:** _____

Age: _____ **Weight:** _____ **Height:** _____ **Date of Birth:** _____

Name of Child: _____ **Tribe:** _____ **CDIB#:** _____

Age: _____ **Weight:** _____ **Height:** _____ **Date of Birth:** _____

[OFFICE ONLY]

Child Safety Seat Description:

IP/CPS Technician will fill this portion out.

Type of Safety Seat Issued	Safety Seat Model	Safety Seat Manufacturer	Manufacture Date/Exp.

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[Liability Waiver & Informed Consent]

"I understand and agree that the sole purpose of this program is to help reduce the incidence of improper child safety seat installation; that this inspection is being provided as a free education service to me; that this program cannot fully evaluate the quality, safety or condition of the child safety, any child safety seat provided or any component of my vehicle, including the seats or safety belts; and that this program cannot guarantee my child's safety in a vehicle collision. I understand that it is important to read and follow the instruction manual for both the vehicle and the car seat. For these reasons, I hereby release Comanche Nation Injury Prevention and all current Worldwide Safe Kids and National Certified Child Passenger Safety Technicians; and any program participants from any present or future liability for any injuries or damage that may result from a vehicle collision or otherwise."

"I have read and understand the liability waiver. I understand that this program is performed for safety and educational purposes and the Comanche Nation does not, in any way, guarantee or warrant the safety of this child safety seat or inspection, that I will not bring claim against the Comanche Nation if any injury or death occurs."

"Therefore, I hereby release Injury Prevention and the Comanche Nation from all liabilities involved and give full consent to them for assisting me with the installation of my car seat(s)."

Accept Liability Waiver: ____ Accept Informed Consent: ____

Applicant Signature: _____ Today's Date: _____

IP Technician Signature: _____ Today's Date: _____

Certified CPS Technician Number: _____

IP Director Approval: _____ Today's Date: _____

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