



PEDIATRIC TRANSPORT GUIDANCE REQUEST

E-Mail completed questionnaire to vhildreth@ecasafetransport.com

Your Agency will be contacted within 24 hours

Name of EMS Agency:

Contact Person:

Title:

E-mail Address:

Phone Number:

Street Address

City:

State:

Zip:

Number of transporting ambulances in your agency:

Brand of Cot: Ferno Stryker

Is your agency aware of the NASEMSO Safe Transport Guidelines? Yes No

Does your agency currently utilize a pediatric restraint? Yes No

Type of Restraint(s) Utilized (check all that applies):

- | | |
|--|--|
| <input type="checkbox"/> Emergency Child Restraint (covers 4-110 lbs.) | <input type="checkbox"/> Ferno NeoMate Pediatric Restraint (covers 5-14 lbs.) |
| <input type="checkbox"/> Quantum ACR4 (covers 5-100 lbs.) | <input type="checkbox"/> Ferno Ped-Mate PLUS Restraint System (covers 10-100 lbs.) |
| <input type="checkbox"/> Car Seat | <input type="checkbox"/> None |