

# SCHOOL AUTHORIZATION

\_\_\_\_\_  
School's Name

I, the undersigned, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, a student of the above designated school hereby authorize and give permission for my child to ride the "Brace Bus" provided by Joseph D. Hicks, DDS, MDS, PC.

I consent for my child to be released from school to ride the "Brace Bus" for the purpose of receiving orthodontic services by Dr. Hicks. The undersigned agrees and understands that my child may be picked up from the school and/or returned to the school by the "Brace Bus". The undersigned assumes all responsibility for making the necessary appointment with Dr. Hicks and for appropriately notifying my child's school officials of the dates and times of the appointments.

The authorization shall be valid during the school year beginning August 2020 through May 2021.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent and/or Legal Guardian

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Daytime Phone Number for Parent

\_\_\_\_\_  
E-mail address

Continue on Back >