

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 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
_____.

Child's Name

Parent and/or Legal Guardian

Grade

Daytime Phone Number for Parent

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REQUEST OF TRANSPORTATION

I, the undersigned, _____, the parent and/or legal guardian

of _____, hereby allow, authorize, and consent for my

child to ride in the "Brace Bus" provided by Joseph D. Hicks, DDS, MDS, PC. The undersigned agrees that the "Brace Bus" may pick up my child from school for an appointment with Dr. Hicks and will be returned to school following the appointment with Dr. Hicks.

The undersigned consents for my child to be taken out of school by the person driving the "Brace Bus" for the purposes of an appointment with Dr. Hicks and agrees to execute and sign a consent authorizing the school to release my child to the "Brace Bus". The undersigned agrees and understand that my child shall be picked up and delivered to school only at the designated times of operation by the "Brace Bus". My child does not have the authority to change the time and/or the date or any orthodontic appointments. Such appointments can only be changed by the undersigned.

The undersigned agrees that Dr. Hicks or the operator of the "Brace Bus" shall have the sole and exclusive right to make the decision whether my child shall be permitted to ride the "Brace Bus". Any misbehavior or misconduct on the part of my child could result in my child not being permitted to ride the "Brace Bus".

The undersigned understands that the "Brace Bus" is a service provided by Joseph D. Hicks, DDS, MDS, PC, at no charge. The undersigned hereby releases and forever discharges Joseph D. Hicks, DDS, MDS, PC, it's employees, agents, representatives, drivers, heirs, and assigns from any and all claims, causes of action, suits, or injuries arising out of or in any way connected with a child riding the "Brace Bus".

This request for transportation is valid for the entire school year beginning

Child's Name

Parent and/or Legal Guardian

Date