



— BY DR. JOSEPH HICKS —  
& DR. CARLI LOSS

# School Authorization

School 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 Epic Orthodontics.

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/Dr. Loss. 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/Dr. Loss 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 2023 and ending May 2024.**

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 Epic Orthodontics. The undersigned agrees that the "Brace Bus" may pick up my child from school for an appointment with Dr. Hicks/Dr. Loss and will be returned to school following the appointment.

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/Dr. Loss 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, Dr. Loss 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 Epic Orthodontics at no charge. The undersigned hereby releases and forever discharges Joseph D. Hicks, DDS, MDS, PC, Carli Loss, DDS, MS, 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 August 2023 and ending May 2024.**

Child's name: \_\_\_\_\_

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

Date: \_\_\_\_\_

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