



ORSBORN ORTHODONTICS™

## SCHOOL AUTHORIZATION

To: \_\_\_\_\_

School's Name (Please Print)

I, the undersigned, \_\_\_\_\_, parent and/or legal guardian of \_\_\_\_\_, a student at the above designated school, hereby authorize and give my permission for my child to ride the "Brace Bus" provided by **Orsborn Orthodontics through a separate entity, Brace Transportation Services, LLC**. I consent for my child to be released from school to ride the "Brace Bus" for the purpose of receiving orthodontic services by **Orsborn Orthodontics**. The undersigned understands and agrees that the above child may be picked up from school and/or returned by the "Brace Bus". The undersigned assumes all responsibility for making necessary appointments with **Orsborn Orthodontics'** office and for appropriately notifying school officials of dates and time of all appointments.

**This authorization shall be valid during the school year beginning in August 2013 and ending May 2014.**

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

\_\_\_\_\_  
Patient's DOB (Please Print)

\_\_\_\_\_  
Cell/Home number

\_\_\_\_\_  
Male/ Female

\_\_\_\_\_  
Work/Emergency Number

\_\_\_\_\_  
Grade

[WWW.ORSBORNORTHODONTICS.COM](http://WWW.ORSBORNORTHODONTICS.COM)

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