



ORSBORN ORTHODONTICS™

## Request for Transportation

I, the undersigned, \_\_\_\_\_, the parent and/or legal guardian of

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\_\_\_\_\_, hereby authorize and consent for my child to ride

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in the **"Brace Bus"**, provided by **Orsborn Orthodontics through a separate entity, Brace Transportation Services, LLC**. The undersigned agrees to execute and sign a consent authorizing the school to release my child to the **"Brace Bus"**. The undersigned understands that a **new consent form has to be filled out and signed for each current school year**. The undersigned agrees that the driver of the **"Brace Bus"** may pick up my child from school for an appointment with **Orsborn Orthodontics** and return my child to school after such appointment. The undersigned understands and agrees that my child shall be picked up and/or returned to school only at the designated times of operation by the **"Brace Bus"**. **The undersigned also understands that their child may or may not be picked up at the exactly the time of their appointment, however they will be picked up according to how the "Brace Bus Driver" has arranged the schedule for that particular day.** Only the undersigned will give the authority to change the time and/or date of any orthodontic appointment. The undersigned agrees that **Orsborn Orthodontics** shall have the sole and exclusive right to make the decision whether my child shall be permitted to ride the **"Brace Bus"**. **Any misconduct on the part of my child could result in my child not being permitted to ride the "Brace Bus"**. The undersigned release and discharges Orsborn Orthodontics, K.J. Orsborn D.D.S., employees, agents, representatives, drivers, heirs, and assigns from any and all claims, causes of action, suits, or injuries arising out of any way connected with my child riding the **"Brace Bus"**. The undersigned agrees to indemnify and hold them harmless of all such claims, causes of actions, suits, or injuries including all cost of litigation.

**This request is valid for the entire school year beginning August 2013 and ending May 2014.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

\_\_\_\_\_  
Child's Name(Please Print)

\_\_\_\_\_  
Cell/Home Number

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

**Request for Transportation must be confirmed 24 hours prior to appointment.**