

**REQUEST FOR TRANSPORTATION**

I, the undersigned, \_\_\_\_\_, parent and/or legal guardian of \_\_\_\_\_, hereby allow, authorize and consent for my child to ride the “**BRACE BUS**” provided by Dr. Robert Ford. I agree that the Brace Bus may pick up my child from school for an appointment with Dr. Robert Ford’s office and return my child to school after the appointment.

I consent for my child to be taken out of school by the person driving the Brace Bus for the purpose of an appointment with Dr. Ford’s office and agree to execute and sign a consent authorizing the school to release my child to the Brace Bus. I agree and understand that my child shall be picked up and/or delivered at school only at designated times of operation by the Brace Bus. My child does not have the authority to change the time and/or date of any orthodontic appointment and such appointments can only be changed by the undersigned.

I agree that Dr. Robert Ford 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.

I understand that the Brace Bus is a service provided by Dr. Robert Ford at no extra charge. The undersigned releases and forever discharges Ford Orthodontics and its 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 my child riding the Brace Bus and agree to indemnify and hold them harmless from all such claims, causes of actions, suits, or injuries including all costs of litigation.

**Our insurance company only allows us to pick up or drop off patients for regular appointments. This policy does not allow pick up or drop off for emergency or special visits.**

This request for transportation is valid for the entire school year beginning August, 2009.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2009.

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

\_\_\_\_\_  
E-Mail address (please print)

\_\_\_\_\_/\_\_\_\_\_  
Home #                      Parent’s Work # and/or Cell #  
(IN CASE OF EMERGENCY)