

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 Ford Ortho Transportation Services, LLC. I agree that the Brace Bus may pick up my child from school for an appointment with Ford Orthodontics 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 Ford Ortho Transportation Services LLC Brace Bus for the purpose of an appointment with Ford Orthodontics office and agree to execute and sign a consent authorizing the school to release my child to the Ford Ortho Transportation Services, LLC 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 Ford Ortho Transportation Services, LLC. 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 Ford Orthodontics or the operator of the Ford Ortho Transportation Services, LLC Brace Bus shall have the sole and exclusive right to make the decision whether my child shall be permitted to ride the Brace Bus. In the event that there is a tornado watch or warning in effect, Ford Orthodontics will determine whether the circumstances are safe enough to pick up at that time. If this should occur, you will be responsible for rescheduling the appointment in a reasonable amount of time. 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 Ford Ortho Transportation Services, LLC Brace Bus is a service provided by Ford Orthodontics at no extra charge. The undersigned releases and forever discharges Ford Orthodontics and Ford Ortho Transportation Services, LLC 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, 2011.

Dated this _____ day of _____, 2011.

Parent and/or Legal Guardian

E-Mail address (please print)

_____/_____
Home # Parent's Work # and/or Cell #
(IN CASE OF EMERGENCY)