

**SCHOOL AUTHORIZATION**

To: \_\_\_\_\_  
(School's Name)

I, the undersigned, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, a student at the above designated school, hereby authorize and give permission for my child to ride the “**BRACE BUS**” provided by Dr. Robert Ford, (Ford Orthodontics). I consent for my child to be released from school to ride the Brace Bus for the purpose of receiving orthodontic services with Dr. Robert E. Ford's office (Ford Orthodontics). The undersigned agrees and understands that my child may be picked up from the school and/or returned by the Brace Bus. I assume all responsibility for making the necessary appointments with Dr. Ford's office and for appropriately notifying my child's school officials of the dates and times of the appointments.

This authorization shall be valid during the school year beginning in August, 2009 and concluding in June, 2010.

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

\_\_\_\_\_/\_\_\_\_\_  
Home #                      Work #

\_\_\_\_\_  
Teacher's Name/Grade