

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 Ford Ortho 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 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 Ford Ortho Transportation Services, LLC. I assume all responsibility for making the necessary appointments with Ford Orthodontics 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, 2011 and concluding in June, 2012.

Parent and/or Legal Guardian

_____/_____
Home # Work #

Teacher's Name/Grade