

**SCHOOL AUTHORIZATION FOR TRANSPORTATION
BY GIRDWOOD ORTHODONTICS**

TO: _____
Name of School

I, the undersigned, _____ (print), the parent and/or legal guardian of

_____ **(print)**, a student at the above designated school, hereby authorize and give my permission for my child to ride the "Brace Bus" provided by Girdwood Orthodontics. The undersigned understands and agrees that the above child may be picked up from the school and/or returned by the Girdwood Orthodontics' "Brace Bus." The undersigned assumes all responsibility for making the necessary appointments with Girdwood Orthodontics' office and for appropriately notifying school officials of the dates and times of all appointments.

- Lebanon Christian Schools does not endorse or take responsibility for the safety or care to and from Girdwood Orthodontics office.
- Lebanon Christian Schools does not give any warrant as to the safety and the means of transportation to and from Girdwood Orthodontics.
- Parents/Legal Guardians understand that students are no longer under the custody, care or control of LCS when the child is transported or visiting Girdwood Orthodontics.

This authorization for transportation is valid for the entire school year beginning August, 20__ and ending June, 20__ and dated this _____ day of _____, 20__.

Parent and/or legal guardian (signature/date)

Patient Date of Birth

Parent Cell / Home number

Patient Grade

Parent Work/Emergency number

Patient Gender (male/female)

**AUTHORIZATION FOR TRANSPORTATION
AND RELEASE OF LIABILITY
TO BE SIGNED BY BOTH PARENTS**

We , the under signed , _____, individually and as parents and/or legal guardians of _____, hereby allow, authorize and consent for my child to ride the “**BRACE BUS**” provided by **Girdwood Orthodontics, D.D.S.** The undersigned agrees that the “**BRACE BUS**” may pick up my child from school for an appointment with **Girdwood Orthodontics** and returned to school following the appointment. The undersigned consent for my child to be taken out of school by the person driving the “**BRACE BUS**” for the purpose of an appointment with **Girdwood Orthodontics** and agrees to execute and sign a consent authorizing the school to release my child to the “**BRACE BUS**”. The undersigned agrees and understands that my child shall be picked up and/or delivered at school only at the 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. Such appointment can only be changed by the undersigned. The undersigned agrees that **Girdwood Orthodontics** 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 results in my child not being permitted to ride the “**BRACE BUS**”.

The undersigned understand that the “**BRACE BUS**” is a free service provided by **Girdwood Orthodontics Dr. Barton J. Girdwood D.D.S.** The undersigned releases and discharges **Girdwood Orthodontics and Dr. Barton J. Girdwood D.D.S.**, and their 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 **Girdwood Orthodontics and Dr. Barton J. Girdwood D.D.S.** harmless of all such claims, causes of actions, suits, or injuries including all costs of litigation.

I hereby agree to the terms stated on this form. This request for transportation is valid for the entire school year beginning August, 20____ and ending June, 20____ and dated this _____ day of _____, 20____.

Signature of both Parents and/or legal guardians

Printed of both Parents and/or legal guardians

Parent Cell/Home number

Child’s name (please print)

Work /Emergency number