

ALLERGIES:

**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.

- Monroe City Schools does not endorse or take responsibility for the safety or care to and from Girdwood Orthodontics office.
- Monroe City 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 MCS 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)