



Request of 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 D. Douglas Depew, D.M.D., M.S., P.C (d.b.a. Depew Orthodontics). The undersigned agrees that the "BRACE BUS" may pick up my child from school for an appointment with Dr. Depew and returned to school following the appointment with Depew Orthodontics. The undersigned consents for my child to be taken out of school by the person driving the "BRACE BUS" for the purpose of an appointment with Depew 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 Dr. Depew 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 understands that the "BRACE BUS" is a service provided by D. Douglas Depew, D.M.D., M.S., P.C., at no charge. The undersigned hereby releases and forever discharges D. Douglas Depew, D.M.D., M.S., P.C., its employees, agent 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 all the children riding the "BRACE BUS". This request for transportation is valid for the entire school year beginning August 2020 through May 2021.

Child's Name

Date

Parent and/or Legal Guardian School Authorization

School Name

County School is Located

I, the undersigned, _____, parent or legal guardian of _____, a student of the above designated school hereby authorize and give permission for my child to ride the "BRACE BUS" provided by D. Douglas Depew D.M.D., M.S., P.C.

I consent for my child to be released from school to ride the "BRACE BUS" for the purpose of receiving orthodontic services by Dr. Depew. The undersigned agrees and understands that my child may be picked up from school and returned to school by the "BRACE BUS". The undersigned assumes all responsibility for making the necessary appointments with Depew Orthodontics 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 August 2020 through May 2021.

Child's Name

Parent or Legal Guardian

Grade

Phone Number (Parent)

Homeroom Teacher or Class Section

Email Address