

REQUEST FOR TRANSPORTATION

I the undersigned, _____, the parent or legal guardian of
(typing your name serves as your signature)
_____, hereby allow, authorize and consent for my child to ride in

the **“Brace Bus”** provided by Jean Seibold McGill, D.D.S., M.S., P.C. The undersigned agrees that the **“Brace Bus”** may pick up my child from school for an appointment with Dr. McGill and my child may be returned to school following an appointment with Dr. McGill. 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 Dr. McGill 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 and such appointments can only be changed by the undersigned.

The undersigned agrees that Dr. McGill 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”**.

The undersigned understands that the **“Brace Bus”** is a service provided by Jean Seibold McGill, D.D.S., M.S., P.C. at no charge. The undersigned hereby releases and forever discharges Jean Seibold McGill, D.D.S., M.S., P.C., her employees, agents, 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 my child riding the **“Brace Bus”**.

This request for transportation is valid for the entire school year beginning August 2007 through June 2008.

Dated this _____ day of _____, 20__.

Parent and/or Legal Guardian
(typing your name serves as your
signature)

Child’s Name (Please print)