

SCHOOL AUTHORIZATION

To: _____ Grade: _____
(Insert School Name) (Grade level 07'-08')

I, the undersigned, _____,
(typing your names serves as your signature)

Parent or legal guardian of _____, a student at the above

designated school, hereby authorize and give my permission for my child to ride the

“Brace Bus” provided by Jean Seibold McGill, D.D.S.,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. Jean McGill. The undersigned agrees and understands that

my child may be picked up from school and/or returned to school by the **“Brace Bus”**.

The undersigned assumes all responsibility for making the necessary appointments with

Dr. McGill and for notifying my school’s officials of the dates and times of the

appointments. This authorization shall be valid during the school year beginning in

August, 2007 and concluding in June, 2008.

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

Child’s Name (please print)