

School Authorization

To: _____
Schools name (Please Print)

I, the undersigned, _____, the parent and/or legal
(Please Print)
guarding of _____, a student at the above desig-
(Please Print)
nated school, hereby authorized and give my permission for my child to ride the
“Brace Bus” provided by Vincent Team Orthodontics through a separate entity, Brace
Bus LLC. I consent for my child to be released from school to ride the “Brace Bus” for
the purpose of receiving services by Vincent Team Orthodontics. The Undersigned un-
derstands and agrees that the above child may be picked up from the school and/or re-
turned by the “Brace Bus”. The undersigned assumes all responsibility for making the
necessary appointments with Vincent Team Orthodontics’ office and for the appropri-
ately notifying school officials of the dates and times of all appointments.

This authorization shall be valid during the school year beginning
_____ **and ending** _____.

Parent and/or Legal Guardian (Please Sign)

Patient Date of Birth

Cell/Home Phone Number

Grade

Work/Emergency Number

Sex (Male/Female)



Creating beautiful smiles... enhancing beautiful faces!