SCHOOL AUTHORIZATION

_______________________ School’s Name

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 Joseph
D. Hicks, DDS, MDS, PC. I consent for my child to be released from school to ride the
“Brace Bus” for the purpose of receiving orthodontic services by Dr. Hicks. The
undersigned agrees and understands that my child may be picked up from the school
and/or returned to the school by the “Brace Bus”. The undersigned assumes all
responsibility for making the necessary appointment with Dr. Hicks and for
appropriately notifying my child’s school officials of the dates and times of the
appointments. The authorization shall be valid during the school year beginning August
2017 through May 2018.

________________________
Child’s Name Parent and/or Legal Guardian

________________________
Grade Daytime Phone Number for Parent

________________________
E-mail address

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