



## Request For Transportation

I, the undersigned, \_\_\_\_\_, the parent and/or legal guardian of  
(Please Print)

\_\_\_\_\_, hereby allow authorize and  
(Please Print)

consent for my child to ride in the **“Patient School Shuttle”**, provided by **Bret Johnson Orthodontics**. The undersigned agrees to execute and sign a consent authorizing the school to release my child to the **“Patient School Shuttle”**. The undersigned understands that **a new consent form has to be filled out and signed for each current school year**. The undersigned agrees that the driver of the **“Patient School Shuttle”** may pick up my child from school for an appointment with **Bret Johnson Orthodontics** and return my child to school after such appointment. The undersigned understands and agrees that my child shall be picked up and/or returned to school only at designated times of operation by the **“Patient School Shuttle”**. **The undersigned also understands that their child may or may not be picked up at exactly the time of their appointment, however they will be picked up according to how the “Brace Bus Driver” has arranged the schedule for that particular day.** Only the undersigned will give the authority to change the time and/or date of any orthodontic appointment. The undersigned agrees that **Bret Johnson Orthodontics** shall have the sole and exclusive right to make the decision whether my child shall be permitted to ride the **“Patient School Shuttle”**. **Any misconduct on the part of my child could result in my child not being permitted to ride the “Patient School Shuttle”**. The undersigned understands that the **“Patient School Shuttle”** is a service provided by **Bret Johnson Orthodontics** at no extra charge. The undersigned releases and discharges **Bret Johnson Orthodontics**, Bret M. Johnson DDS MS PS., the employees, agents, representatives, drivers, heirs, and assigns from any and all claims, causes of action, suits, or injuries arising out of any way connected with my child riding the **“Patient School Shuttle”**. The undersigned agrees to indemnify and hold them harmless of all such claims, causes of actions, suits, or injuries including all costs of litigation.

**This request for transportation is valid for the entire school year beginning August 20\_\_\_\_ and ending June 20\_\_\_\_\_.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Parent and/or Legal Guardian (Signature)

\_\_\_\_\_  
Parent and/or Legal Guardian (Please Print)

\_\_\_\_\_  
Child’s Name (Please Print)

\_\_\_\_\_  
Cell / Home Number

\_\_\_\_\_  
Work (emergency) Number