



## SCHOOL AUTHORIZATION

TO: \_\_\_\_\_

I, the undersigned, \_\_\_\_\_, am the parent and/or legal guardian of \_\_\_\_\_, a student at the above designated school and hereby authorize and give my permission for my child to ride the "Brace Bus" provided by Mary C. Trahar, DDS, PA. I consent for my child to be released from school to ride the "Brace Bus" for the purposes of receiving orthodontic services by Mary C Trahar, DDS, PA. I understand and agree that the above child may be picked up from the school and returned by the "Brace Bus." I assume all responsibility for making the necessary appointments with Mary C Trahar, DDS, PA office and for appropriately notifying school officials of the dates and times of all appointments.

This Authorization shall be valid during the school year beginning in September 2018 and ending in June 2019.

\_\_\_\_\_  
Signature of Parent and/or legal guardian

\_\_\_\_\_  
Printed Name of Parent and/or legal guardian

\_\_\_\_\_  
Patients DOB (Please print)

\_\_\_\_\_  
Cell number

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Work/emergency number

\_\_\_\_\_  
Gender (M/F)

