



**KEENE BRATTLEBORO RINDGE
ORTHODONTIC SPECIALISTS**
L A N C E R . M I L L E R . D D S , M S

SHUTTLE SMILE REQUEST FOR TRANSPORTATION

Patient Name: _____

School Attended: _____

Parent/ Legal Guardian Name: _____

I, the undersigned, hereby authorize my child to ride in a shuttle vehicle provided by Keene/Brattleboro Orthodontic Specialists. I consent for my child to be taken out of school by the person driving the shuttle for an appointment with Keene/Brattleboro Orthodontic Specialists and agree to sign a consent authorizing the school to release my child for this purpose. I agree that my child shall be returned to school following the appointment with Keene/Brattleboro Orthodontic Specialists.

I agree and understand that my child shall be picked up and/or delivered at school only at the designated times of operation of the Keene/Brattleboro Orthodontic Specialists shuttle. My child does not have the authority to change the time and/or date of any orthodontic appointment and such appointments can only be changed by me.

I agree that Keene/Brattleboro Orthodontic Specialists and/or the operator of the shuttle shall have the right to decide whether my child shall be permitted to ride the shuttle. Any misbehavior by my child may result in my child not being permitted to ride the shuttle. I understand that the shuttle is a service provided by Keene/Brattleboro Orthodontic Specialists at no charge.

I hereby release, waive and discharge from all liability and covenant not to sue Keene/Brattleboro Orthodontic Specialists, its officers, agents, servants and employees from any and all loss or damage or personal injury to my child, whether or not such a loss or damage is caused by the negligence of Keene/Brattleboro Orthodontic Specialists, or otherwise. I hereby assume full responsibility for the risk of personal injury to my child. I consent and understand that my child's protected health information may be disclosed to provide transportation to and/or from our office.

This request for transportation is valid for the school year beginning August _____ and ending June _____.

Please provide the best phone # for our shuttle driver to contact you regarding pick up and transport information.

Phone # _____ Email: _____

Parent/Legal Guardian Signature: _____ Date: _____