



www.ColoradoSpringsOrtho.com

Fax: 719-570-0411

School Authorization

School Name: _____
(Please Print)

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

Last: _____ First: _____ "Common Name": _____, a student at the above designated school hereby authorizes and gives my permission for my child to ride the "Ortho Taxi" provided by Johnson Orthodontics. I consent for my child to be released from school to ride the "Ortho Taxi" for the purpose of receiving orthodontic services by Johnson Orthodontics. The undersigned understands and agrees that the above child may be picked up from the school and/or returned by the "Ortho Taxi". The Undersigned assumes all responsibility for making the necessary appointments with Johnson Orthodontics' 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 August 20____ and ending in May 20_____.

Parent and/or Legal Guardian Signature

Patient's DOB

Cell/Home Number

Work (emergency) Number

Email Address

Grade

Male

Female