



[www.ColoradoSpringsOrtho.com](http://www.ColoradoSpringsOrtho.com)

Fax: 719-570-0411

## Request of Transportation

I, the undersigned, \_\_\_\_\_ the parent and/or legal guardian of

\_\_\_\_\_  
Please Print

\_\_\_\_\_, hereby allow authorize and consent for my child to ride in the

\_\_\_\_\_  
Please Print

**"Ortho Taxi"**, provided by Johnson Orthodontics. The undersigned agrees to execute and sign a consent authorizing the school to release my child to the **"Ortho Taxi"**. **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 **"Ortho Taxi"** may pick up my child from school for an appointment with **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 **"Ortho Taxi"**. **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 "Ortho Taxi 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 orthodontics appointment. The undersigned agrees that **Johnson Orthodontics** shall have the sole and exclusive right to make the decision whether my child shall be permitted to ride the **"Ortho Taxi"**. **Any misconduct on the part of my child could result in my child not being permitted to ride the "Ortho Taxi"**. The undersigned understands that the **"Ortho Taxi"** is a service provided by **Johnson Orthodontics** at no extra charge. The undersigned releases and discharges **Johnson Orthodontics**, 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 **"Ortho Taxi"**. 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 May 20\_\_\_\_. Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_.**

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

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

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

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