

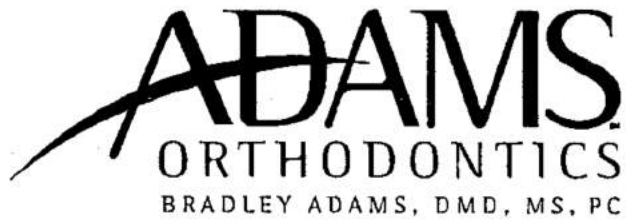
## Brace Benz Operation Information

- Parent/Guardian will need to sign a Transportation Authorization and Consent Form, a Good Standing Agreement, and a School Authorization form in order to be qualified for the “Brace Benz” service. All forms need to be returned to us.
- The “Brace Benz” will pick up kids for their orthodontic adjustment appointments once every 6 weeks. The “Brace Benz” will arrive at the appointed time and the driver or additional staff will go into the school to check the students out.
- For multiple school pick-ups on the same day, our driver will have another member of our staff ride with him.
- Our shuttle will go to each school every 6 weeks, so if you need to cancel an appointment for the shuttle, we will need to reschedule their appointment when a parent can arrange to bring them in. That way we will avoid a longer treatment time.
- You should contact your child’s school to make sure they do not require any additional paperwork in order for us to pick your child up from school.
- **If your child cannot make their appointment on the scheduled shuttle day, we need to be given 24 hours notice if possible.** We also ask that YOU call the school to let them know your child will not be on the shuttle.
- When your child is finished with their appointment, the assistant will give them a progress report and a school excuse. Their next appointment will be scheduled for the next Brace Benz return, so please be on the lookout for these.
- Our Driver is Mr. Ed Sharpe. He has had a driving history check and is certified to drive a bus.

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We reserve the right to cancel or reschedule “Brace Benz” shuttle service due to weather or other reasons.

If you have any further questions regarding the “Brace Benz” shuttle service, please don’t hesitate to contact our office at 229-247-6960. We hope this service will be both convenient and enjoyable for the students, parents and faculty.



## Brace Benz Information Sheet

### Patient Information

Patient Name: \_\_\_\_\_ M/F \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_ School Year \_\_\_\_\_

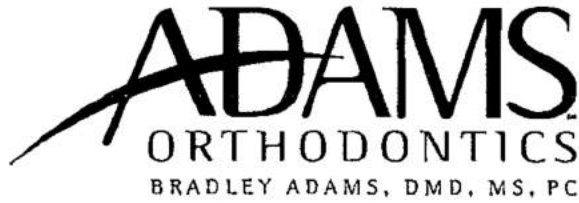
### Parent Information

Parent Contact Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

\*Email: \_\_\_\_\_

*All information is required in order for patient to be accepted as a Brace Benz passenger. \*Email will not be distributed for third party use.*



## School Authorization Form For Brace Benz Transportation

To: \_\_\_\_\_  
(School Name)

I, the undersigned \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, a student at the above designated school, hereby authorize and give permission for my child to ride the "Brace Benz" provided by Dr. Bradley Adams of Adams Orthodontics. I consent for my child to be released from school to ride the "Brace Benz" for the purpose of receiving orthodontic services with Adams Orthodontics. The undersigned agrees and understands that my child may be picked up from the school and/or returned by the "Brace Benz".

This authorization shall be valid for 1 year from the date below.

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

\_\_\_\_\_  
Patient's DOB

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Home phone#

\_\_\_\_\_  
Work Phone#

\_\_\_\_\_  
Cell Phone#

4, 5, 6, 7, 8, 9, 10, 11, 12

Grade (please circle)

Male/Female

(please circle)

\_\_\_\_\_  
Date



## Transportation/Consent Form

I, the undersigned, \_\_\_\_\_, the parent and/or legal guardian of \_\_\_\_\_, hereby allow authorize and consent for my child to ride in the "Brace Benz", provided by Adams Orthodontics. The undersigned consents for my child to be taken out of school by the person driving the "Brace Benz" for the purposes of an appointment with Dr. Bradley Adams and agrees to execute and sign a consent authorizing the school to release my child to the "Brace Benz". The undersigned understands that a new consent form has to be filled out and signed for each current school year and assumes all responsibility for making the necessary appointments with Dr. Adams' office and for appropriately notifying my child's school officials of the dates and times of the appointments.

The undersigned agrees and understands that their child shall be picked up and/or delivered at school only at the designated times of operation by the "Brace Benz". 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 driver has arranged the schedule for that particular day. The undersigned also is also aware that the "Brace Benz" service can be canceled or rescheduled due to inclement weather or other valid reasons.

The undersigned agrees that Dr. Adams or the driver of the "Brace Benz" shall have the sole and exclusive right to make the decision whether my child shall be permitted to ride the "Brace Benz". Any misbehavior or misconduct on the part of my child could result in my child not being permitted to ride the "Brace Benz".

The undersigned understands that the "Brace Benz" is a service provided by Adams Orthodontics, Bradley O. Adams, D.M.D, MS, PC., 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 "Brace Benz". The undersigned agrees to indemnify and hold them harmless of all such claims, causes of actions, suits, or injuries including all costs of litigation.

**The Brace Benz is under a video surveillance loop for your child and our driver's protection.**

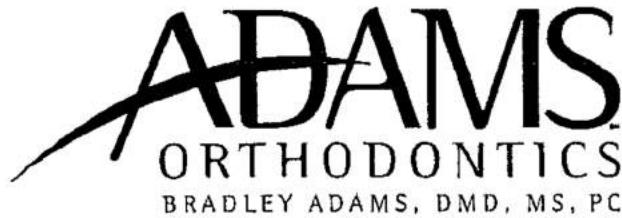
**This service is provided only to those in good financial standing. Should your child's account become delinquent, participation in the Brace Benz program will be terminated.**

\_\_\_\_\_  
Child's Name (please print)

\_\_\_\_\_  
Date

(Valid for 1 yr. from date above)

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



## Good Standing Agreement

In order for your child to have the privilege of riding the "Brace Benz" shuttle, the patient and patient account must meet the following standards:

1. **Compliance:** This means that the patients should be following Dr. Adams' instructions when caring for their mouths and braces, i.e. good oral hygiene, wearing rubber bands, removable appliances, etc. If a patient is behind in their treatment due to their actions or inactions, they will not be allowed to ride the Brace Benz.
2. **Delinquent Accounts:** The patient account should not show any past-due payments. Patients of any delinquent accounts will not be eligible for shuttle service. After a patient has been dismissed from the Brace Benz, there will be no reinstatement. Accounts should be up-to-date on payments or paid in full. If you need to make a payment, call our Valdosta office at 229-247-6960.
3. **Bus Etiquette:** There is a lot of bullying, bad language and inappropriate behavior that happens on school buses. This will not be tolerated on the Adams Orthodontics "Brace Benz" shuttle. If there is a problem, we will talk with the child and contact the parents. If the behavior continues we will have no choice but to end shuttle service to that patient.

This is a complimentary service that we are providing to you and your children. Only those who follow the rules and guidelines will be permitted to take advantage of this service. It is a privilege to ride the Adams Orthodontics "Brace Benz" and only those that follow the rules will be allowed this privilege. This agreement is good for the duration of treatment of the patient.

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Date \_\_\_\_\_ Child/Children's name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_