

## School Authorization

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

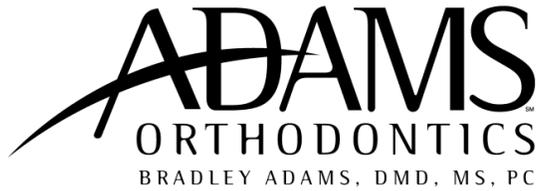
I, the undersigned \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, a student at the above designated school, hereby authorize and give permission for my child to ride the "Brace Benz" provided by Dr. Bradley Adams of Adams Orthodontics. I consent for my child to be released from school to ride the "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". I assume 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.

This authorization shall be valid during the school year beginning 2013 and concluding 2014.

\_\_\_\_\_  
Parent and/or Legal Guardian (Please Print)                      Patient's DOB

\_\_\_\_\_  
Home phone#                      /                      Work Phone#                      /                      Cell Phone#

\_\_\_\_\_  
Grade for 2013-2014 year                      Male/Female



816 Northwood Park Dr., Valdosta, Ga. 31602

Ph. (229) 244-0640

## 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.

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.

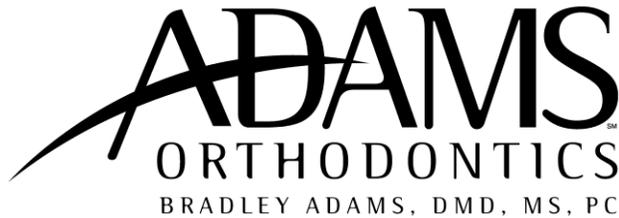
This request for transportation is valid for the entire school year beginning January 2014 through May 2014.

**This service is provided only to those in good financial standing. Should your child's account become delinquent, participation will be suspended until new financial arrangements have been made or the account is paid current.**

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

\_\_\_\_\_  
Date

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



## 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 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 shuttle.
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. Accounts should be up-to-date on payments or paid in full. If you need to make a payment, call our 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. Throughout the course of treatment if conditions change with your child’s compliance or you become delinquent in your payments, bus service will be stopped for your child. It is also very important for us to be able to have the parent at the appointment if there is a compliance or financial issue so that we can communicate face to face about these important issues. It is a privilege to ride the Adams Orthodontics “Brace Benz” and only those that follow the rules will be allowed this privilege.

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

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