

SCHOOL AUTHORIZATION

SCHOOL NAME

I, _____, parent or legal guardian of _____, a student of the above designated school, hereby authorize and give permission for my child to ride in the "Frigo Orthodontics Shuttle", provided by Frigo Orthodontics.

I consent for my child to be released from school to ride in the "Frigo Orthodontics Shuttle" for the purpose of receiving orthodontic services by Frigo Orthodontics. I agree and understand that my child may be picked up from school and/or returned to school by the "Frigo Orthodontics Shuttle".

I assume all responsibility for appropriately notifying the school's officials of the dates and times of my child's appointments. I agree that the school will not be held liable for any other problems that may occur.

This authorization shall be valid during the 2011-2012 school year.

Signature

Date

Print Name

Date