



# FENDER-GOGGANS ORTHODONTICS

www.smileshappenhere.com

Fax: 912-383-7578

## SCHOOL AUTHORIZATION

**School Name:** \_\_\_\_\_  
(Please Print)

I, the undersigned, \_\_\_\_\_, parent and/or legal guardian of  
Please Print (Parent Name)

**Last:** \_\_\_\_\_ **First:** \_\_\_\_\_ **“Common Name”:** \_\_\_\_\_, a

student at the above designated school, hereby authorize and give my permission for my child to ride the “Ortho Taxi” provided by **Drs. Fender & Goggans DMD PC**. I consent for my child to be released from school to ride the “Ortho Taxi” for the purpose of receiving orthodontic services by **Drs. Fender & Goggans**. 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 **Drs. Fender & Goggans’** 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 2011 and ending in May 2012.**

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

\_\_\_\_\_  
**Patient’s DOB**

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

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

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Grade**

\_\_\_\_\_  
**Male**

\_\_\_\_\_  
**Female**



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**Request of Transportation**

I, the undersigned, \_\_\_\_\_, the parent and/or legal guardian  
of \_\_\_\_\_, hereby allow authorize and consent for my  
child to ride in the "Ortho Taxi", provided by **Drs. Fender & Goggans**. 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 **Drs. Fender & Goggans** 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  
orthodontic appointment. The undersigned agrees that **Drs. Fender & Goggans** 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 **Drs. Fender &  
Goggans** at no extra charge. The undersigned releases and discharges **Drs. Fender & Goggans**, 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 2011 and ending  
May 2012. Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

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

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

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

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