



SCHOOL AUTHORIZATION

To: _____
School's Name (Please Print)

I, the undersigned, _____, parent and/or legal guardian of
_____, 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 2009
and ending in May 2010.**

Parent and/or Legal Guardian (Please Print)

Patient's DOB (Please Print)

Cell / Home Number

Grade

Work (emergency) Number


OrthoXCELLENCE
Fender-Goggans Orthodontics
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 2009 and ending
May 2010.**

Dated this _____ day of _____, 20_____.

Parent and/or Legal Guardian (Please Print)

Child’s Name (Please Print)

Cell / Home Number

Work (emergency) Number