



## School Authorization

To: (school name) \_\_\_\_\_

I, the undersigned,, parent 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 Taylor Orthodontics, LLC. I consent for my child to be released from school to ride the " Ortho Taxi" for the purpose of receiving orthodontic services by Taylor Orthodontics, LLC. The undersigned understands and agrees that the above named child may be picked up from school and/or returned by the "Ortho Taxi" . The undersigned assumes all responsibility for making the necessary appointments with Dr. Taylor's office and for appropriately notifying school officials of the dates and times of all appointments.

This authorization shall be valid for the remaining of the 20\_\_ - 20\_\_ school year.

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

\_\_\_\_\_  
Emergency Number

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date

**IMPORTANT:** Appointment times have no bearing on pick up times. Pick ups are made earlier or later than scheduled appointments. Children should not wait in the office until the Ortho Taxi arrives. Ortho Taxi riders are to come to the office when called by the school secretary.

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502-241-1515  
Fax: 502-241-1521*



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Fax: 502-290-3781*