



Request For Transportation

I, the undersigned, , the parent or legal guardian of, _____ hereby, allow, authorize, and consent for my child to ride in the " Ortho Taxi" provided by Taylor Orthodontics, LLC. The undersigned agrees that the driver of the "Ortho Taxi" may pick up my child from school for an appointment with Dr. Trevor K. Taylor and return my child to school after such appointment. The undersigned agrees to execute and sign a consent authorizing the school to release my child to the " Ortho Taxi" 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". Only the undersigned will have the authority to change the date of said appointment. However, the time may be changed in corresponding to the efficient use of the service provided.

The undersigned agrees that Taylor Orthodontics, LLC 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 Taylor Orthodontics, LLC at no extra charge. The undersigned releases and discharges Dr. Trevor K. Taylor, his employees, agents, representatives, drivers, heirs, and declines any and all claims, causes of action, suites, or injuries arising out of or in 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 remaining of the 20__ - 20__ school year.

Date _____

Parent/Guardian Signature

Child's Name (please print)

Preferred Phone Number

Alternate Phone Number

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.

I give my child permission to receive Ibuprofen during their appointment if needed.

Parent Signature