SCHOOL AUTHORIZATION

To: ____________________________
    (name of school child is attending)

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 be released from school to ride the "BRACE BUS" provided by Dr. James R. Nicholson, D.D.S., M.S. I consent for my child to be released from school to ride the "BRACE BUS" for the purpose of receiving orthodontic services by Dr. James R. Nicholson. The undersigned agrees and understands that my child may be picked up from the school and/or returned to school by the "BRACE BUS".

The day prior to the appointment the school will receive a fax from Dr. Nicholson concerning the appointment.

My child will be picked up fifteen minutes in advance of my child's scheduled appointment by the "BRACE BUS". My child has been instructed to check in at the attendance office immediately after returning to school and turn in the school excuse card provided by Dr. Nicholson's office.

_________________________________________  ________________________
Signature                                          Date

James R. Nicholson  D.D.S., M.S.

95 E. Oak St • Zionsville, IN 46077 • (317) 873-6927
1911 N. Lebanon St. • Lebanon, IN 46052 • (765) 482-4538
drnicholson.com