

REQUEST FOR TRANSPORTATION

I, the undersigned, _____, the parent and/or legal guardian of _____ hereby allow, authorize and consent for my child to ride the "Brace Bus" provided by James R. Nicholson, D.D.S., M.S. The undersigned agrees that the "BRACE BUS" may pick up my child from school for an appointment with Dr. Nicholson and my child may be returned to school following an appointment with Dr. Nicholson. The undersigned consents for my child to be taken out of school by the person driving the "BRACE BUS" for the purpose of an appointment with Dr. Nicholson and agrees to execute and sign consent authorizing the school to release my child to the "BRACE BUS". The undersigned agrees and understands that my child shall be picked up and/or delivered at school only at the designated times of operation by the "BRACE BUS".

The undersigned agrees that Dr. Nicholson or the operator of the "BRACE BUS" shall have the sole and exclusive right to make the decision whether my child shall be permitted to ride the "BRACE BUS". Any misbehavior or misconduct on the part of my child could result in my child not being permitted to ride the "BRACE BUS".

The undersigned understands that the "BRACE BUS" is a service by Dr. James R. Nicholson at no charge.

Signature

Date

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

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