

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.*