

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

***In accordance with the recommendations by the CDC, patients scheduled to ride the Brace Bus will be required to wear a mask during transportation. Patients will also be screened prior to riding the Brace Bus. If your child has experienced any COVID symptoms within the past 3 weeks, we ask that you reschedule their appointment. Thank you for your understanding.*

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

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

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