



Permission for my Child to be picked up and returned to school for an orthodontic appointment by SMILEride Driver with Russell Orthodontics.

I, the undersigned, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, a student of the above designated school hereby authorize and give permission for my child to ride SMILEride provided by Dr. Ross Russell with Russell Orthodontics.

I consent for my child to be released from school to ride SMILEride for the purpose of receiving orthodontic services by Dr. Russell. The undersigned agrees and understands that my child may be picked up from school and returned to school by SMILEride. The undersigned assumes all responsibility for making the necessary appointments with Russell Orthodontics and for appropriately notifying my child's school officials of the dates and times of the appointments. This authorization shall be valid during the school year beginning August 2020 through May 2021.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent or Legal Guardian

Grade \_\_\_\_\_

\_\_\_\_\_  
Homeroom Teacher or Class Section

\_\_\_\_\_  
Phone Number (Parent)

\_\_\_\_\_  
Parent's Email Address