

Request of Transportation

I, the undersigned,	, parent and/or legal guardian of
	, hereby allow, authorize and consent for my child
to ride SMILE ride provided by Russe may pick up my child from school returned to school following the appermy child to be taken out of school be with Russell Orthodontics and agree my child to ride SMILE ride. The und and/or delivered at school only at the	Il Orthodontics. The undersigned agrees that SMILEride I for an appointment with Dr. Ross Russell, DMD, MS, PC and cointment with Russell Orthodontics. The undersigned consents for by the person driving SMILEride for the purpose of an appointment is to execute and sign a consent authorizing the school to release dersigned agrees and understands that my child shall be picked up the designated times of operation by SMILEride. I understand that atures SMILEride on social media, and I hereby give my consent to
appointment. Such appointment can agrees that Dr. Russell or the operatoright to make the decision whether misbehavior or misconduct on the partide SMILE ride. The undersigned under provided by Dr. Russell at no charge releases and forever discharges, Dr. representatives, drivers, heirs, and as injuries arising out of or in any way of	to change the time and/or date of any orthodontic only be changed by the undersigned. The undersigned or of SMILE ride shall have the sole and exclusive by child shall be permitted to ride SMILE ride. Any lart of my child results in my child not being permitted to derstands that SMILE ride is a service. The undersigned hereby Russell, the employees of Russell Orthodontics, agent ssigns from any and all claims, causes of action, suits or connected with all the children riding in SMILE ride. It is described by the entire school year beginning August 2020
Child's Name	
Date	
Parent and/or Legal Guardian Schoo	ol Authorization
School Name	
County School is Located	