



Request For Transportation/School Authorization

Patient/Student Name

School Year

School

Grade

I, the undersigned, _____, the parent or legal guardian of _____
(Guardian Name) (Student Name)

a student at the above designated school, hereby, allow, authorize, and give my permission for my child to ride in the "Ortho Taxi" provided by Taylor Orthodontics, LLC. The undersigned agrees that the driver of the "Ortho Taxi" may pick up my child from school for the purpose of receiving orthodontic services by Taylor Orthodontics, LLC, and return my child to school after such appointment. The undersigned understands and agrees that my child shall be picked up and /or returned to school only at designated times of operation by the "Ortho Taxi".

The undersigned agrees that Taylor Orthodontics, LLC shall have the sole and exclusive right to make the decision whether my child shall be permitted to ride the "Ortho Taxi". Any misconduct on the part of my child could result in my child not being permitted to ride the "Ortho Taxi".

The undersigned understands that the "Ortho Taxi" is a service provided by Taylor Orthodontics, LLC at no extra charge. The undersigned releases and discharges Dr. Trevor K. Taylor, his employees, agents, representatives, drivers, heirs, and declines any and all claims, causes of action, suites, or injuries arising out of or in any way connected with my child riding the "Ortho Taxi". The undersigned agrees to indemnify and hold them harmless of all such claims, causes of actions, suits, or injuries including all costs of litigation.

This request for transportation is valid for the remaining of the 20__ - 20__ school year.

Parent/Guardian Signature

Phone Number

Alternate Phone Number

IMPORTANT: Appointment times have no bearing on pick up times. Pick ups are made earlier or later than scheduled appointments. Children should not wait in the office until the Ortho Taxi arrives. Ortho Taxi riders are to come to the office when called by the school secretary.

**I give my child permission to recieve Ibuprofen during their appointment if needed.

Parent Signature

*6010 Crestwood Station
Crestwood, KY 40014
502-241-1515,
Fax: 502-241-1521*

Date

*13011 W. Hwy 42 Ste 106
Prospect, KY 40059
502-228-2122,
Fax: 502-290-3781*

*2474 Shelbyville Rd
Shelbyville, KY 40065
502-513-5200*