

School Release Permission for Curtis Orthodontics

Very Important Patient (VIP) School Shuttle

Date of Appointment _____ School _____
SCHOOL'S NAME

Teacher/Grade _____

I, _____, am the parent or legal guardian
PARENT / LEGAL GUARDIAN

of _____, who is
PATIENT'S NAME

a student at the school listed above, hereby authorize and give my permission for my child to be released from school to ride the **VIP School Shuttle** provided by Curtis Orthodontics. The sole purpose of the **VIP School Shuttle** is to transport my child to and from the school office to his/her orthodontic appointment(s) with Curtis Orthodontics.

I assume all responsibility for scheduling the necessary appointments and recognize that the pick-up and drop-off times will be earlier and later than the actual scheduled appointment times, to allow for travel.

My child is aware that he/she will be called to the front office 5 minutes prior to the time listed below, in preparation to ride the **VIP School Shuttle**.

Please excuse _____
PATIENT'S NAME

at _____ for an orthodontic appointment.
PICK-UP TIME (NOT APPT. TIME)

PARENT / LEGAL GUARDIAN'S SIGNATURE

DATE



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