

Release for participation in “Braces, Books and Buses.”

Patient Name: _____

I, the undersigned, _____ Parent and/or legal guardian of _____, hereby allow, authorize and consent for my child to participate in the “Braces, Books and Buses” service provided by Dr. Kelly Walters.

- I understand that the Braces, Books and Buses service is provided by Dr. Kelly Walters at no charge. The undersigned releases and forever discharges Kelly L. Walters, D.M.D. and her employees, agents, representatives, drivers, heirs and assigns from any and all claims, cause of action, suits, or injuries arising out of or in any way connected with my child participating in this service and agree to indemnify and hold them harmless from all such claims, causes of action, suits or injuries including all costs of litigation.
- Any damage to our homework room or the equipment within caused by your child shall be the monetary responsibility of the parent/legal guardian.
- This service can only be utilized on the date of a scheduled appointment for the current school year (September-June).
- Use of this service requires parent to send a letter to school on the day of the child’s appointment giving permission for the child to take the below mentioned bus route numbers and be transported to the below address. Pre-printed school notes can be provided upon request.

***Union Vale Middle School will take bus Route #177**

***Arlington High School will take bus Route #178**

Both routes will drop off at **Dutchess Orthodontics**
1557 Route 82
Hopewell Junction, NY 12533

- Parents utilizing this service must notify our office 48 hours in advance so we know to expect your child as they arrive.
- In the event there is an early release from school or cancellation due to inclement weather, etc., this service will be cancelled for that day. Your child should **not** ride the school bus to the office. When this occurs it is always the parent/legal guardian’s responsibility to reschedule the appointment for the child.
- Patients must report to the office immediately upon arrival. If we are expecting your child and they do not arrive via school bus, parent will be contacted immediately.
- Patients utilizing this service must be on their best behavior. Any misbehavior or misconduct of any kind will not be tolerated and will result in discontinuation of this service.
- The person picking up must present to our staff and may be asked to provide identification.
- The patient must be picked up by the close of the business day. Late pick up will result in discontinuation of this service.

Parent and/or Legal Guardian (please print): _____

Signature of Parent and/or Legal Guardian: _____ Date: _____

Best Behavior Policy:

I understand that any misbehavior or misconduct will result in being unable to use this service. I understand that I must report immediately to the office after getting off the bus.

Patient Signature: _____ Date: _____

School Year: _____/_____

Emergency and Contact Information

Patient Name: _____

School Name: _____

Please provide us with the following contact information:

Parent/Legal Guardian Name: _____

Cell Number: _____

Work Number: _____

Email: _____

Emergency Contact:

Please provide 2 people that can be contacted in the event of an emergency:

1. _____ Home Phone: _____

Cell: _____

2. _____ Home Phone: _____

Cell: _____

Pick Up:

Your child must be picked up by 5:00pm. Pick up times may change based on our schedule. Your child will only be released to the person/persons (must bring identification) listed below:

1. _____

2. _____

3. _____

If there are any medical conditions , allergies, or medication information that we should be aware of, please describe in detail below:
