

SCHOOL RELEASE PERMISSION FORM
AMHERST ORTHODONTICS APPOINTMENT SHUTTLE

Date of Appointment _____

To _____
(School's Name)

Teacher/Grade _____

I, _____, parent/legal guardian of _____, a student at the above school, hereby authorize and give my permission for my child to be released from school to ride the appointment shuttle provided by Amherst Orthodontics, PA. The sole purpose of the appointment shuttle is to transport my child to and from the school office to their orthodontic appointments with Amherst Orthodontics.

I assume all responsibility for making the necessary appointments and recognize that the pick up and drop off times will be earlier and later than the actual scheduled appointment times. I am also responsible for appropriately notifying school officials of the dates and times of all appointments.

My child is aware that they will be called to the front office when the appointment shuttle arrives.

Please excuse _____ **at**

Student's Name

_____ **for an orthodontic appointment.**

Parent's Signature



AMHERST ORTHODONTICS, DR. DIANE
5 OVERLOOK DR, AMHERST, NH 03031 • 672-0844