

TRANSPORTATION AUTHORIZATION AND CONSENT-COLONY OFFICE

Ashley Henson
214-417-7331

I hereby grant you and your employees and agents, my consent, permission and authority to pick up my child,

_____ from _____
(NAME) (SCHOOL)

to transport my child to the offices of Dr. R. A. McFarland at 5910 PAIGE RD. THE COLONY, TX 75056 and to return my child to the above-named school.

I release you and your agents, employees, and Dr. McFarland from any liability arising from injuries resulting from circumstances beyond the control of you and your agents and employees during such transportation, and I also release you, your agents and employees from any liability arising from any act or occurrence after my child is returned to school. Further, I hereby authorize Dr. McFarland and such assistants as he may designate to perform orthodontic care and related treatment for my child while at their offices as specified above, and I hereby consent to such treatment and care of my child.

Please be aware, a 24 hour cancellation notice is required on any reschedules. The \$15 fee will occur if a cancellation or reschedule notice is less than 24 hours, along with school not releasing child due to lack of proper consent from parent or guardian

The agreement set forth herein shall be binding on and shall be for the benefit of you and the undersigned, and our heirs, successors and assigns.

(DATE) (PARENT OR LEGAL GUARDIAN)

(ADDRESS) (MOBILE TELEPHONE)

(OTHER TELEPHONE)

My child has the below listed ongoing health problem(s) you should know about:

Payments can be made by check to Ashley Henson, cash or paypal chay_ashley@verizon.net