

# Transportation Authorization and Consent

Ashley Henson  
Henson Services  
3415 Wimbledon Dr.  
Highland Village, TX. 75077-1836  
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, 651 Crosstimbers, Flower Mound, Texas and 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.

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) \_\_\_\_\_ (Cell Phone or Home Telephone)  
\_\_\_\_\_ (Business Telephone)

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

\_\_\_\_\_

If it is acceptable for us to let your child out in front of the school and watch him/her go into the front door, please sign here:

\_\_\_\_\_ (Parent or Legal Guardian)