



REQUEST FOR TRANSPORTATION

I, the undersigned, _____, parent and/or legal guardian of _____, hereby allow, authorize and consent for my child to ride "H24U" provided by Dr. Robert B. Chastant. I agree that H24U may pick up my child from school, or qualifying summer location (such as summer camp, day care, etc). for an appointment with Dr. Robert Chastant's office and return my child to school after the appointment.

I, consent for my child to be taken out of school/summer location by the person driving H24U for the purpose of an appointment with Dr. Robert Chastant's office and agree to execute and sign a consent authorizing the school/ qualifying summer location to release my child to H24U. I agree and understand that my child shall be picked up and/or delivered at school/qualifying summer location only at designated times of operation by the Hummer. My child doesn't have the authority to change the time and/or date of any orthodontic appointment and such appointments can only be changed by the undersigned.

I agree that Dr. Robert Chastant or the operator of the Hummer shall have the sole and exclusive right the make the decision whether my child shall be permitted to ride the Hummer. Any misbehavior or misconduct on the part of my child could result in my child not being permitted to ride the Hummer.

I understand that H24U is a service provided by Dr. Robert Chastant at no extra charge. The undersigned releases and forever discharges Chastant Orthodontics and its employees, agent, representatives, drivers, heirs, and assigns from any and all claims, causes of action, suits or injuries arising out of or in any way connected with my child riding H24U and agree to indemnify and hold them harmless from all such claims, causes of actions, suites, or injuries including all cost of litigation.

This request for transportation is valid for the entire school year or qualifying summer location beginning _____ and ending in _____.

Dated this the _____ day of _____, 20____.

_____ Parent and/or legal guardian

_____ E-mail address

_____ (home #) _____ Parents work # or cell #

_____ School patient attends

Dr Robert Chastant

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