



Creating **Amazing** Smiles

## DAILY PERMISSION FORM

Please permit my child \_\_\_\_\_ to ride the

Kampas Orthodontics PC School Shuttle today, \_\_\_\_\_, 20\_\_\_\_

driven by Lisa Goda.

His/Her scheduled pick-up time is \_\_\_\_\_AM/PM.

My child will be returned to school at the completion of his/her appointment.

\_\_\_\_\_  
Parent or guardian printed

\_\_\_\_\_  
Parent or guardian signature