



KAMPAS
ORTHODONTICS

BRACE BUS 

FREE SHUTTLE FROM SCHOOL TO OUR OFFICE

DAILY PERMISSION FORM

PLEASE PERMIT MY CHILD _____ TO RIDE THE
NAME

KAMPAS ORTHODONTICS PC BRACE BUS TODAY, _____, 20____.

MY 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

KAMPASORTHO.COM

THE BRACE BUS MAY BE DISCONTINUED AT ANY TIME. A PATIENT MAY BE DENIED ACCESS TO THE SERVICE AT THE SOLE DISCRETION OF KAMPAS ORTHODONTICS PC. BRACE BUS WILL NOT RUN DURING SCHOOL DELAYS.