

# Release for participation in "LO on the Go."

Patient Name: \_\_\_\_\_

I, the undersigned, \_\_\_\_\_ Parent and/or legal guardian of \_\_\_\_\_, hereby allow, authorize and consent for my child to participate in the "LO on the Go" service provided by Dr. Jay Lawless.

- I understand that the LO on the Go service is provided by Dr. Jay Lawless at no charge. The undersigned releases and forever discharges Dr. Jay Lawless, D.M.D. and her employees, agents, representatives, drivers, heirs and assigns from any and all claims, cause of action, suits, or injuries arising out of or in any way connected with my child participating in this service and agree to indemnify and hold them harmless from all such claims, causes of action, suits or injuries including all costs of litigation.
- Any damage to our office or the equipment within caused by your child shall be the monetary responsibility of the parent/legal guardian.
- This service can only be utilized on the date of a scheduled appointment for the current school year
- Use of this service requires parent to send a letter to school on the day of the child's appointment giving permission for the child to take the below mentioned bus route numbers and be transported to the below address. Pre-printed school notes can be downloaded on our website [www.smilesthatlast.com](http://www.smilesthatlast.com). Click on the contact tab/"Lo on the Go"

**Lawless Orthodontics: 895 Wilkinson Trace, Bowling Green, KY 42103**

**Lawless Orthodontics: 1337 North Race Street, Glasgow, KY 42141**

**Lawless Orthodontics: 135 Commerce Drive, Russellville, KY 42276**

- Parents utilizing this service must notify our office 48 hours in advance so we know to expect your child as they arrive.
- In the event there is an early release from school or cancellation due to inclement weather, etc., this service will be cancelled for that day. Your child should **not** ride the school bus to the office. When this occurs it is always the parent/legal guardian's responsibility to reschedule the appointment for the child.
- Patients must report to the office immediately upon arrival. If we are expecting your child and they do not arrive via school bus, parent will be contacted immediately.
- Patients utilizing this service must be on their best behavior. Any misbehavior or misconduct of any kind will not be tolerated and will result in discontinuation of this service.
- The person picking up must present to our staff and may be asked to provide identification.
- The patient must be picked up by the close of the business day. Late pick up will result in discontinuation of this service.

Parent and/or Legal Guardian (please print): \_\_\_\_\_

Signature of Parent and/or Legal Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

## Best Behavior Policy:

I understand that any misbehavior or misconduct will result in being unable to use this service. I understand that I must report immediately to the office after getting off the bus.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_