



We are offering the service of “*Smiles in Motion*” for our patients in grades 5 – 12 for the 2005 – 2006 school year. *Smiles in Motion* is a 2004 Chevrolet Suburban driven by Ms. Kim Celmer, a licensed school bus driver and an assistant in our office. *Smiles in Motion*

will visit your child’s school on a designated day at a specific time. Those patients with scheduled appointments will be picked up at their school, transported to Reading Orthodontic Group and returned to school via *Smiles in Motion* upon the completion of their group’s appointments. When your child’s next appointment is scheduled, it will be on the designated *Smiles in Motion* day for their particular school. We are confident this will reduce the time students spend out of school in addition to helping out busy parents.

Smiles in Motion Policies and Procedures

In order for this service to operate smoothly, we ask the following guidelines be followed:

1. The patient’s parent/legal guardian must complete the attached *Smiles in Motion* Transportation Request and School Authorization forms and **return them to our office** with a one-time payment of \$100 in advance of the service being utilized. **This is a one-time fee.**
2. It will be the responsibility of the patient’s parent/legal guardian to notify school officials of the patient’s appointments with our office in the manner the school has deemed acceptable; written note from parent, district provided excuse, Reading Orthodontic Group excuse, etc.
3. *Smiles in Motion* will operate between the hours of 9:00 am and 12:00 pm. In the event of inclement weather, we may suspend *Smiles in Motion* service for the day. If school is delayed or closed because of inclement weather, the parent/legal guardian is to provide transportation to and from the scheduled appointment or call the office to reschedule. Please ensure that we have a correct daytime phone number where you can be reached in case we need to contact you.
4. Misconduct of a patient while on *Smiles in Motion* will not be tolerated and will result in the suspension of *Smiles in Motion* service to your child. Any damage to the vehicle caused by a patient shall be the monetary responsibility of the parent/legal guardian.
5. If the patient is absent from school the day they are to ride *Smiles in Motion*, please call our office that morning so that we can inform the driver.
6. Patients are asked not to eat or drink while on *Smiles in Motion*. If there is a possibility that your child may miss their scheduled school lunch, please be sure to pack a lunch to be eaten at our office.
7. Patients will not be permitted to leave the Reading Orthodontic Group building. Violation will result in the suspension of *Smiles in Motion* service to your child.
8. The patient will be given a statement summarizing the day’s appointment. This slip also includes a school excuse and the information regarding your child’s next appointment. If the next appointment is not convenient, please call the office to reschedule.

PLEASE BE AWARE THAT SMILES IN MOTION POLICIES AND PROCEDURES MAY CHANGE AT ANY TIME WITHOUT NOTICE.



SCHOOL AUTHORIZATION

To: _____
(School Name)

I, _____, parent/legal guardian of

_____, a student at the above designated school, hereby grant permission for my child to ride *Smiles in Motion* provided by Reading Orthodontic Group. I consent for my child to be released from school to ride *Smiles in Motion* for the purpose of receiving orthodontic services at Reading Orthodontic Group. I agree and understand that my child may be picked up from school and returned to school via *Smiles in Motion*. I assume all responsibility for making the necessary appointments with Reading Orthodontic Group and for notifying my child's school officials of the dates and times of the appointments. This authorization shall be valid during the school year beginning in August 2004 and concluding in June 2005.

Parent / Legal Guardian

Date

Child's Name (please print)



REQUEST FOR SMILES IN MOTION TRANSPORTATION

I, _____ parent/legal guardian of

_____, allow, authorize and consent for my child to ride in *Smiles in Motion* provided by Reading Orthodontic Group. I grant consent for my child to be taken out of school by the person driving *Smiles in Motion* for an appointment with Reading Orthodontic Group and be returned to school following the appointment via *Smiles in Motion*. I agree to execute and sign a consent authorizing that my child shall be picked up from and delivered to school only at the designated times of operation by *Smiles in Motion*. My child does not have the authority to change the time and/or date of any orthodontic appointment.

I agree that Reading Orthodontic Group, or the driver of *Smiles in Motion*, shall have the sole and exclusive right to make the decision whether my child shall be permitted to ride *Smiles in Motion*. Any misbehavior on the part of my child could result in my child not being permitted to ride *Smiles in Motion*. Additionally, my child will not be permitted to leave the Reading Orthodontic Group building for the duration of their group's appointments. Violation will result in my child not being permitted to ride *Smiles in Motion*.

I understand that *Smiles in Motion* is a service provided by Reading Orthodontic Group for a one-time fee of \$100 per child. I hereby release and forever discharge Reading Orthodontic Group, it's employees, agents, 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 Smiles in Motion.

This request for Smiles in Motion transportation is valid during the school year beginning in August 2004 and concluding in June 2005.

Parent/Legal Guardian

Date

Child's Signature

Date