

Sierk ortho shuttle

Dear Parents:

It's back to school time for your children.

Sierk Orthodontics is proud to introduce the SOS (sierk ortho shuttle)! The SOS will arrive at your child's school to transport them to their orthodontic appointment at Dr. Sierk's office. After their appointment we will take them back to school. And, it's absolutely free!

If you're interested in participating, all you need to do is refer to the enclosed Rules of the Road. You will see a list of instructions that will help you get started. Please note that each of the enclosed forms must be completed and returned to the appropriate office before your child can participate. New forms are required each school year.

As always, if you have any questions, just give our office a call. We'll be happy to clarify our procedures and provide more forms as necessary.

All of us at Sierk Orthodontics are pleased to provide our family of patients with this unique service.

Enjoy the ride!

Sincerely

Dr. Sierk and staff

Tigard
11565 SW Hall Blvd
503.620.6606



sierk orthodontics

West Linn
21900 Willamette Dr
503.675.1239

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Rules of the Road

For Riders:

- *Best Behavior:* The same great attitude and cooperation you bring to our office are appreciated during your trips!
- *Safety First:* Seat belts required!
- *Promptness:* Please be ready at the scheduled time.

For Parents:

- *Form(s):* Please fill out the two important forms, Request for Transportation and School Authorization, for each child. We need completed forms on file before your child can be transported in the Sierk Ortho Shuttle.
- *Shuttle Talk:* Each time we schedule an appointment for your child, please tell our receptionist if you'd like a shuttle reservation, too.
- *Dismissal Permission:* On the days your child has an appointment with us, please be sure to send notes to school so your child will be ready when the Sierk Ortho Shuttle arrives. We provide preprinted notes for your convenience.
- *Time Zones:* The Sierk Ortho Shuttle runs on school days only. If school is canceled or delayed on a day when your child is planning to ride the Shuttle, please call our office.
- *Absence Alert:* If your child is unexpectedly ill and will not be in school on the day of a scheduled visit via the Sierk Ortho Shuttle, please call us early in the morning.

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Request for Transportation

I/We, _____, the undersigned parent(s)
Parent /Legal Guardian

and/or legal guardian(s) of _____
Patient Name

hereby authorize this child to ride a vehicle provided by Christopher R. Sierk, DDS, PC for the purpose of attending orthodontic appointments.

I/We consent for my child to be taken out of school by the operator of the vehicle and agree to sign a consent authorizing the school to release my child for this purpose.

I/We agree and understand that my child shall be picked up and/or returned to school only at the designated times of operation of the vehicle. My child does not have the authority to change the time and/or date of any orthodontic appointment.

I/We agree that Christopher R. Sierk, DDS, PC, or the operator of the vehicle has the sole right to decide whether my child shall be permitted to ride the vehicle. Any misbehavior by my child may result in the denial of permission to ride the vehicle.

I/We understand that the vehicle is service provided by Christopher R. Sierk, DDS, PC, at no charge.

I/We hereby release, waive and discharge from all liability and covenant to sue Christopher R. Sierk, DDS, PC, its officers, agents, servants and employees for any and all loss or damage or personal injury to my child whether or not such loss or damage is caused by the negligence of Christopher R. Sierk DDS, PC, or otherwise.

I/We hereby assume full responsibility for the risk of personal injury to my child.

I/We consent and understand that my child's protected health information may be disclosed to provide transportation to and/or from our office.

This request for transportation is valid for the school year(s) beginning

September, _____ through June, _____.

Dated this _____ day of _____, _____.

Parent /Legal Guardian Signature

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School Authorization

To: _____ Date: _____
School Name

I/We, the undersigned, _____
Parent/Legal Guardian

Parent/Legal Guardian of _____
Patient Name

a student at the above designated school, authorize and give my permission for my child to ride the vehicle proved by Christopher R. Sierk, DDS, PC. I/We consent for my child to be released from school to ride this vehicle to receive orthodontic services from Christopher R. Sierk, DDS, PC. I/We agree and understand that my child may be picked up from school and/or returned to school by the vehicle. I/We assume responsibility for making the necessary appointments with Christopher R. Sierk, DDS, PC and for appropriately notifying my child's school officials of the dates and time of the appointment. I/We consent and understand that my child's protected health information my be disclosed to provide transportation to and/or from our office.

This authorization shall be valid during the school year(s) beginning in September, _____ and and concluding in June, _____.

Parent/Legal Guardian Signature

Child's Name (please print)

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School Release

Date: _____

To: _____
Teacher or School Name

From: _____
Parent/ Legal Guardian

Please Excuse _____
Student's Name

at _____
Time for an orthodontic appointment with Dr. Sierk.

He/She will be transported to our office and returned to school via the Sierk Ortho Shuttle.
Thank you.

Parent's Signature

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