

**PELHAM SCHOOL DISTRICT
IMGB-R2 – PARENT/GUARDIAN PERMISSION**

Cut and paste this letter template onto letterhead and modify as needed.

Dear Parents/Guardians,

I am so excited to let you know that **class, grade, school** will be welcoming a therapy dog named **Name** and her handler/owner **Name**.

The visit will be on **DATE**. **Describe the visit/activity and the educational purpose. Describe the qualifications of the handler and the therapy dog.** Like all therapy dogs, **Dog Name's** job is to provide comfort and affection to students. **She** is trained to be comfortable in new environments and to interact with different people. **She** has a calm temperament, is unfazed by unfamiliar noises and movements, is comfortable being handled, and loves people. **Dog Name** is certified through **Therapy Pet Certification Agency**. **Dog Name** is also up to date on all her vaccinations.

We need your permission for your child to participate. Please sign and return the bottom half of this form by **DATE**. Unfortunately, your child will not be able to participate if we do not get a form returned. Contact me with any questions or concerns.

Warm regards,

Staff Member Collecting Permission Slips

Student Name: _____

My child has permission to participate. Yes_____ No_____

We will make sure to provide alternative activities to any student unable to participate.

If yes, please indicate if your child has an allergy to dogs. Yes_____ No_____

If your child demonstrates symptoms of an allergic reaction during or after a session, they will be referred immediately to the school nurse who will contact you. For safety, either you or the school can decide that your child will not have any future sessions with the therapy dog.

Parent/Guardian Signature _____ Date_____