**PERMISSION SLIP**

**To Participate in Therapy Dog Visits at Bright Futures Preschool**

Dear Parents/Guardians:

Bright Futures Preschool will be hosting a therapy dog visit. A trained, registered, and certified volunteer and their adult dogs will adhere to environmental health and safety policies.

The participating dog is a certified therapy dog, has completed extensive classes in obedience, and is current on their immunizations. There is no charge for this program.

Participation by your child in this session will not begin until your written permission is received. You have the right to refuse participation.

Bright Futures Preschool does not anticipate, but would not be responsible for any medical issues perceived to be secondary to exposure to the therapy animals.

In addition to signing below, please indicate (by circling the answer), whether your child is allergic to dogs or other animals.

Screening questions:

1. My child is afraid of dogs. Yes No

2. My child has allergies to animals. Yes No

3. My child has an autoimmune disease. Yes No

4. My child has been diagnosed with a medical condition that may compromise his/her health if he/she is in close proximity to a dog. Yes No

**I am not aware of any medical condition that would prohibit physical interaction such as handling, touching, and kissing the dog. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(initial)**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in therapy dog visits at Bright Futures Preschool.**

**Name of Parent or Guardian (Please print)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**