



MISSION BASILICA SCHOOL

THERAPY DOG PERMISSION SLIP

Dear Parents/Guardians:

MBS will be piloting a therapy dog program. This program uses a trained, registered and certified staff member and her dog to adhere to environmental health and safety policies. The participating dog is a a certified therapy dogs, has completed extensive classes in obedience, and is current on his immunizations. There is no charge for this program. Participation by your child in this program will not begin until your written permission is received. You have the right to refuse participation in this program. You may at any time terminate your participant's authorization to participate. Mission Basilica School 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 checking the appropriate box), whether your participant is allergic to dogs or other animals. In the interest of your participant's safety, if your participant is allergic, we cannot offer participation in the program.

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 |
| 5. I am not aware of any medical condition that would prohibit physical interaction such as handling, touching, and kissing the dog. _____(initial) | | |

STUDENT NAME:

STUDENT GRADE:

PARENT NAME:

PARENT SIGNATURE:

DATE: