



Therapy Dogs in Schools: Individual or Small Group Parent/Guardian Consent Administrative Procedure 1.B.195C

1.0 School Administration
1.B Students

School:	
Class:	
Teacher:	
Today's Date:	
Therapy Dog:	
Student:	

Dear Parents/Guardians,

This letter is to follow up on our recent conversation/meeting around your child working with a Therapy Dog this year. The Therapy Dog and Handler will be spending time with your child individually or in a small group under the guidance of a school staff member. We believe that your child will benefit from this experience as outlined in our conversation/meeting.

Therapy Dogs are interactive dogs trained to work for their Handler to provide service and comfort to people. The presence of a Therapy Dog can help students feel less anxious, more confident, calmer and better able to work through a variety of challenging issues.

If you have any further questions or concerns about your child spending time with a Therapy Dog, please feel free to contact me before signing this form.

Sincerely,

Principal (or Resource Teacher or Guidance Teacher)

I agree to my child spending time with the identified Therapy Dog

- ☐ I have **no** concerns about this dog spending time in my child's classroom on a regular basis this school year.
- ☐ I do have concerns about this dog spending time in my child's classroom on a regular basis this school year. Please call me.

Parent/Guardian Phone:

Parent/Guardian Signature:

Please return this form on or before:
