

October 9, 2019

Dear Parent or Guardian:

We are pleased to inform you that volunteers from the **Alliance of Therapy Dogs** program will be interacting with our students at Anderson and Explorations.

The **THERAPY DOG** program is dedicated to improving the speaking and reading skills of students using certified Pet Therapy teams. Being with a therapy dog can also alleviate symptoms of depression, anxiety and trauma.

This permission form is to let you know that there will be therapy dogs in our school on certain days throughout the school year. Handlers and their dogs work with students recommended by their teacher for approximately 15 minutes. The dogs and their handlers have been insured for liability and have registration to do animal-assisted therapy.

Participation in this program will not begin until your written permission is received. **Please return this form to the school if you are interested.** Should you have any questions or concerns, please feel free to contact your child's teacher.

Sincerely,



Christine Raber
Principal
craber@mciu.org

PLEASE COMPLETE AND RETURN BY FRIDAY, OCTOBER 18th.

CHECK ONE:

_____ I **DO** give permission for my child to participate in the **THERAPY DOG** program.

_____ I **DO NOT** give permission for my child to participate in the **THERAPY DOG** program.

Student's Name _____

Parent/Guardian Signature _____

