

Paws for Pioneers Parent Permission

It is the mission of Paws for Pioneers to provide emotional, social, and academic support through the introduction and interaction of therapy certified dogs in Stillwater Public Schools. Through this program students, teachers, and guests have the opportunity to interact with therapy dogs. This approach has proven to improve student motivation and foster academic success, while lowering stress and anxiety.

Our goal at Stillwater Public Schools is to provide this service to students and teachers throughout the school year. Handlers will follow an approved schedule and will only work in specifically designated areas of the building. We understand and respect that some students and teachers may choose not to participate in this program, due to individual preference, medical need, or personal beliefs. For this reason, we ask that parents complete this form to indicate whether their children may take part in the Paws for Pioneers program.

My child, _____, is in _____'s class.

He/She **has my permission** to interact with therapy dogs by:

- Petting, playing, reading, and interacting with a therapy dog in the room.
- Being in the same room as a therapy dog, but not touching it.

He/She **may not participate** in this program:

- I do not want my child to be in the same room with, or to have any contact with, a therapy dog.

We recognize that some students have dog allergies, which might limit or prevent their interaction with therapy dogs. If this applies to your child, we will need additional information to meet their health needs. If your child has an allergy to dogs, please indicate this below and provide a brief description of their allergy concerns.

- My child has an allergy related to dogs.

Please describe the level of allergy needs, the triggers related to this allergy, and how that would affect your choice of interaction you chose above. (*ie. My child gets a runny nose if she pets a dog for a long period of time, but can be in the same area for a short time with no problem.*)

Parent name: _____ (Please print.)

Parent Signature: _____ Date: _____