



OUR LADY'S ASSUMPTION
SCHOOL



WELLNESS DOG PERMISSION FORM

CHILD'S NAME

CLASS / YEAR LEVEL

DOES YOUR CHILD HAVE AN ALLERGY TO DOGS? **YES / NO** (Please circle. If YES, please give details below and provide child's Allergy Action Plan)

DOES YOUR CHILD HAVE A FEAR OF DOGS? **YES / NO** (Please circle. If YES, please give details below)

PERMISSION

I have read the information provided to me regarding the wellness dog visiting my child's classroom and other school spaces and (please circle) give permission for my child to interact with the wellness dog under supervision.

PARENT/ GUARDIAN NAME: _____

PARENT/ GUARDIAN SIGNATURE: _____

DATE: _____

