**Parent Permission slip – Lache Primary School dog**

Please complete the following permission slip, providing a tick next to the condition which reflects your consent. Your consent will be valid for the duration of your child’s education here at Lache Primary. Should you wish to amend your permission, please contact the school immediately in writing via email or letter.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of pupil: |  | Date: |  |
| I am happy for my child to spend time with the dog and to touch the dog. |  |
| My child is allergic to dogs, but I am happy for them to be around the dog, as long as my child does not touch the dog. |  |
| I would **not** like my child to have contact with the dog. |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of parent) have fully read and understood the conditions of the parent letter outlining the role of the school dog. I agree that I have provided the correct consent above and will inform the school in writing if my permission changes at any stage.

Signature of parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_