



**EJHS Therapy Dog-In-Training  
Pilot Program Permission Slip**

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that my child may have incidental or student-initiated contact with the school therapy dog in training, Barley. I understand that the therapy dog in training may be in my child's classroom, common areas, and may be part of the academic and counseling process for students with parent/guardian permission.

I understand that this permission form will remain "active" during the years my child attends EJHS however I further understand I can revoke my permission at any time. If I change my mind regarding my child's participation with the therapy dog-in-training, Barley, I understand I must provide this retraction in writing to the school office.

- Yes, my child may have incidental and/or initiated contact with the EJHS therapy dog in training, Barley, during the time my child is enrolled at Edgewood Jr High School**
- I give permission for my student to have their picture taken while interacting with Barley and understand such may be shared through social media, Edgemedial, promotional material, etc.**
- No, my child may NOT have any contact with the Edgewood Jr High School therapy dog in training, Barley, and I have informed my student of my wishes to revoke permission.**

Parent/Guardian Signature: \_\_\_\_\_