

**Form for Policy 719**

**Approval Request Form for Use of a Service Animal**

Please turn in your request to the Director of Student Support Services (Students) or the Director of Human Resources (Employees)

Student/Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or authorized representative name(s) and contact information (please include email, phone number and address):

\_\_\_\_\_  
\_\_\_\_\_

Building: \_\_\_\_\_

Type of service animal: \_\_\_\_\_

Name of service animal: \_\_\_\_\_ Name of handler: \_\_\_\_\_

Is the service animal required because of a disability: \_\_\_\_\_

What work or tasks is the service animal trained to perform: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Checklist for Completion of Form:**

Attached is documentation that the service animal is:

\_\_\_\_ Properly licensed

\_\_\_\_ Properly and currently vaccinated

I have read and understand the Edina Public Schools Service Animals in Schools policy and will abide by the terms of the policy.

I understand that if my service animal: is out of control and/or the animal's handler does not effectively control the animal's behavior; is not housebroken or the animal's presence or behavior fundamentally interferes in the functions of the District; or behaves in a way that poses a direct threat to the health or safety of others, has a history of such behavior, or otherwise poses a direct threat to the health and safety of others that cannot be eliminated by reasonable modifications, the District has the discretion to exclude or remove my service animal from its property.

I agree to be responsible for any and all damage to School District property, personal property, and any injuries to individuals caused by my service animal. I agree to indemnify, defend and hold harmless Edina Public Schools, its directors, officers, employees, and agents, from and against any and all claims, actions, suits, judgments and demands brought by any party arising on account of, or in connection with, any activity of or damage caused by my service animal.

Director Student Support Services Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: This Registration/Agreement is valid until the end of the current school year. It must be renewed prior to the start of each subsequent school year, or whenever a different service animal will be used.**