Instruction

Student Permission	for Exposure	to Animals(S) Form

To be used when animal(s) are brought into the classroom or learning environment for educational purposes.				
Student: Grade/Teacher:				
Dear Parent(s)/Guardian(s)/Legal Custodian:				
As allergies, asthma, immune problems, or other health concerns may make animal contact inappropriate for some students, District guidelines require prior parent/guardian/legal custodian permission for student contact with animal(s) in school.				
On <u>(insert date)</u> , the following animal(s) will visit my classroom for educational purposes:				
□ Cat □ Bird □ Ferret □ Guinea Pig □ Dog □ Rabbit □ Hamster □ Reptile or amphibian □ Rat □ Mouse □ Gerbil □ Other				
The following animals are prohibited in schools:				
 Any non-domesticated animal Venomous or toxin-producing animals Any animal with a known history of aggression or behavioral problems. Mammals at high-risk for transmitting rabies (e.g., bats, raccoons, skunks, foxes, and coyotes); Stray animals or animals with no health or vaccination history; Any animal in the Idaho Invasive Species List; and 				
The building principal will ensure the District's policies and procedures for the use of animals in education programs are followed. The teacher will supervise the entire student-animal contact session, have a clean and disinfected area for showing the animal(s), not allow food or drink in the animal-showing area, and will appropriately dispose of animal waste. Under no circumstances are students allowed to clean cages or handle animal waste.				
Please complete and return this form to your child's teacher by				
To Be Completed by Parent/Guardian:				

☐ I do permit my student identified above to be exposed to agree to indemnify and hold harmless the School Distric against any claims, except a claim based on willful and v student's exposure to the animal(s) listed above.	t and its employees and agents
☐ I do not permit my student identified above to be expose understand that when the animal(s) listed above are presclassroom attendance without penalty and given an alternative of the control of the	ent, my student will be excused from
Parent/Guardian Name (please print)	
Parent/Guardian Signature	Date
Parent/Guardian Name (please print)	
Parent/Guardian Signature	Date
Note: If only one parent/guardian signs this form, please ce	rtify the following:
I, (parent/guardian), h consent to this Permission Form and Release as an agent of a legal guardian(s).	ave full authority to sign and any and all other parent(s) and/or