



PILLAR
CARE CONTINUUM

Lifelong Support for People with Disabilities

Pet Therapy Consent

Dear Parent or Guardian:

The Pillar High School would like to continue the “Pet Therapy” program for the school year. The Program is known to have many benefits.

Students with special needs have exhibited gentle caring behavior, improvement with speech, and have become more social in the presence of a dog.

Due to the possible allergic reactions, you **MUST** sign and return this consent form before your child is allowed to participate in this program.

Sincerely,
Mary J. Ruiz
Coordinator of Therapies

Student’s Name:

_____ YES, I give permission for my child to participate in Pet Therapy.

_____ NO, I do not give permission for my child to participate in Pet Therapy.

Signature of parent or guardian

Date