



JUNIOR VOLUNTEER PROGRAM

THERAPY DOG VISIT

PERMISSION SLIP

Name of student: _____

Emergency Contact Name: _____

Contact Telephone Number: _____

Any Allergies? _____

I give permission for my son/daughter to attend Fidos For Freedom, Inc. Therapy dog visits which may be held at a hospital, nursing home, or other healthcare facility.

Parent Signature: _____

Parent Name: _____

Date: _____

