

THE THERAPY/COMPANION ANIMALS
ANIMAL(S) IN CLASSROOM STUDENT VERIFICATION FORM
(To be completed by the student's Parent/Guardian)

The health, safety, and welfare of each student is important. Therefore this form, completed by a parent/guardian, must be on file with the classroom teacher for each student before an animal may be brought into their classroom. (If the health status of your child changes during the year, please notify your child's teacher.) Parents should also report any known allergies/asthma to the school health office staff. Your cooperation is appreciated.

Student's name: _____

DOES YOUR CHILD...

1. Have any known allergies? Yes _____ No _____
If yes, please explain:

2. Have asthma? Yes _____ No _____
If yes, please explain:

3. Take medication for allergies or asthma? Yes _____ No _____
If yes, please explain:

4. Have a known allergy to a specific animal? Yes _____ No _____
If yes, please explain:

5. Have or ever had a severe allergic reaction? Yes _____ No _____
If yes, please explain:

6. Have a fear of animals? Yes _____ No _____
If yes, please explain:

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7. Do you give your permission for your child to occasionally hold or help care for a classroom animal? Yes _____ No _____

If no, please explain:

Additional comments (please include any observable symptoms or concerns your child may exhibit in the presence of the animal):

Parent/Guardian name – printed: _____

Parent/Guardian Signature: _____ Date: _____

Date received by River Falls School District: _____

Staff signature for receipt of form: _____

LEGAL REFERENCE: Wisconsin Statutes 95.21 (2) and (f)
Wisconsin Statutes 106.52 (1)(fm)
Wisconsin Statutes 106.52 (3)(am)
Wisconsin Statutes 118.13
Wisconsin Statutes 174.02 (1)(a)
Wisconsin Statutes 174.07 (1)
Section 504 Rehabilitation Act
Americans with Disabilities Act (ADA)
ADA Regulations (28 C.F.R. Part 35)
IDEA

CROSS REFERENCE: 383.1, Service Animals