



PERMISSION SLIP

To Participate in Therapy Dog Visits at UNMC's Munroe-Meyer Institute

Dear Parents/Guardians:

MMI will be hosting therapy dog visits in partnership with the Animal Assisted Therapy program coordinated by the Volunteer Services Department. This program uses trained, registered and certified Nebraska Medicine volunteers and their adult dogs and adheres to environmental health and safety policies. Participating dogs must be a certified therapy dogs, have completed extensive classes in obedience, and be current on their immunizations. There is no charge for this program.

Participation by your child in this program will not begin until your written permission is received. You have the right to refuse participation in this program. You may at any time terminate your participant's authorization to participate.

The Institute does not anticipate, but would not be responsible for any medical issues perceived to be secondary to exposure to the therapy animals.

In addition to signing below, please indicate (by checking the appropriate box), whether your participant is allergic to dogs or other animals. In the interest of your participant's safety, if your participant is allergic, we cannot offer participation in the program.

Screening questions:

- | | | |
|--|-----------------|----|
| 1. My participant is afraid of dogs. | Yes | No |
| 2. My participant has allergies to animals. | Yes | No |
| 3. My participant has an autoimmune disease. | Yes | No |
| 4. My participant has been diagnosed with a medical condition that may compromise his/her health if he/she is in close proximity to a dog. | Yes | No |
| 5. I am not aware of any medical condition that would prohibit physical interaction such as handling, touching, and kissing the dog. | _____ (initial) | |

I, _____, give permission for _____
to participate in therapy dog visits at UNMC's Munroe-Meyer Institute.

Name of Parent or Guardian (Please print)

Signature of Parent or Guardian

Date