## Wakefield Public Schools

Medical Form K9 Samy

Allergic reactions are understandably something parents and educators may be concerned about potential allergic reactions to dogs within the school environment. However dog handlers are required by their organizations to meet cleanliness and grooming requirements minimizing allergic contact. Dogs also are only put in situations where students voluntarily participate thus avoiding risky contact.

If there is an objection or allergy to your child being around K9 Samy please let us know.

Only return this form if there is an issue or an objection with K9 Samy.

Name and grade of your child:  Your child is allergic to dogs:  Any additional medical needs to your child involving the dog:  Your child has fears of dogs:  *If your child has a fear of dogs and would like to meet K9 Samy at a separate location to work on overcoming their fears with a parent please let me know.  To make arrangements with this please email ktobyne@wakefieldpd.org.  Please check the box if you object to your child having any contact with K9 Samy:  Parent/Guardian name and phone number:  Parent/Guardian signature:	School your child attends:
Any additional medical needs to your child involving the dog:  Your child has fears of dogs: *If your child has a fear of dogs and would like to meet K9 Samy at a separate location to work on overcoming their fears with a parent please let me know.  To make arrangements with this please email ktobyne@wakefieldpd.org.  Please check the box if you object to your child having any contact with K9 Samy:  Parent/Guardian name and phone number:	Name and grade of your child:
Your child has fears of dogs:  *If your child has a fear of dogs and would like to meet K9 Samy at a separate location to work on overcoming their fears with a parent please let me know.  To make arrangements with this please email ktobyne@wakefieldpd.org.  Please check the box if you object to your child having any contact with K9 Samy:  Parent/Guardian name and phone number:	Your child is allergic to dogs:
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Parent/Guardian name and phone number:	To make arrangements with this please email ktobyne@wakefieldpd.org.
	Please check the box if you object to your child having any contact with K9 Samy:
Parent/Guardian signature:	Parent/Guardian name and phone number:
	Parent/Guardian signature:

As medical issues for your child change overtime please keep this form in mind. You can contact me at <a href="mailto:ktobyne@wakefieldpd.org">ktobyne@wakefieldpd.org</a> or the respective nurse's office at your child's school.

\*\*\*PLEASE RETURN THIS FORM AS A HARD COPY BACK TO YOUR SCHOOL MAIN OFFICE by 09/17/2021\*\*\*