

Classroom Pet Interaction Consent Form

Student Name:

Teacher Name:

Class/Grade:

Pet Name/Species:

Date:

Parent/Guardian Consent

I authorize my child to interact with the classroom pet and understand the nature of animal interaction and supervision involved.

☐ I give consent for my child to interact with the classroom pet.

☐ I do **not** give consent for my child to interact with the classroom pet.

Allergies, Medical Conditions, or Special Instructions:

Parent/Guardian Name:

Signature:

Date:

Teacher Name:

Signature:

Date:

