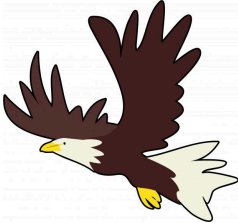
	<p align="center"><b>Mid-Valley Special Education Cooperative</b>  <b>Mades Johnstone Center</b>  Christopher Payton, Principal  1304 Ronzheimer Avenue  St. Charles, IL 60174  Phone: 331-228-4858</p>	
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Dear Parent(s)/Guardian(s):

As allergies, asthma, immune problems, and/or health concerns may make animal contact inappropriate for some students, Mades Johnstone Center requires prior parent/guardian permission for student contact with animal(s) in school.

On Fridays, there will be two dogs, Louie and Lenny, who will alternate visits to Mades-Johnstone Center. They have completed behavioral and health testing requirements and are certified Canine Good Citizens with the American Kennel Club.

The Building Principal or Director of Mid-Valley Special Education Cooperative will oversee the safety and security for students and staff while the Therapy Dogs are on school grounds. They will also ensure that the student-therapy contact session will be clean and disinfected. This includes not allowing food or drink when the dogs are working and that the handler will appropriately dispose of animal waste.

Please complete and return this form to your child's classroom teacher. If you have any questions or concerns, please feel free to contact Mrs. Frantzen at [alicia.frantzen@d303.org](mailto:alicia.frantzen@d303.org) or by phone: 331-228-5864 or Mr. Payton at [christopher.payton@d303.org](mailto:christopher.payton@d303.org) or by phone: 331-228-4858.

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\_\_\_\_\_ I do permit my student \_\_\_\_\_ to be exposed to the Canine Good Citizen Dog visits at Mades-Johnstone Center. I further agree to indemnify and hold harmless Mid-Valley Special Education Cooperative (including Mades-Johnstone Center) and its employees and agents against any claims, except claims based on willful and wanton conduct, arising out of my student's exposure to the certified Canine Good Citizen dogs(s) listed above.

\_\_\_\_\_ I do not permit my student \_\_\_\_\_ to be exposed to the Canine Good Citizen Dog visits at Mades-Johnstone Center. I understand that when the dog(s) listed above are present, my student will be excused from classroom attendance without penalty and given an alternative educational activity.

\_\_\_\_\_  
Name of Parent or Guardian (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian