

**Paxon SAS PTSA and Pet Partners of North Florida Parent Consent**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my permission to allow my child to interact with a Pet Partners Certified Animal Therapy Team. Teams will visit Paxon School for Advanced Studies monthly during lunches in a PTSA program designed to lessen stress and benefit students.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email the signed consent form to [paxonptsaprograms@gmail.com](mailto:paxonptsaprograms@gmail.com) to schedule a time with the therapy team.

An email confirmation with your student’s scheduled date and time to visit with the animal therapy team will be sent.