



Permission Slip

Student's Name: _____

Student's ID: _____

Student's Counselor: _____

The PAWS program uses a therapy dog, Bea the Beagle, to teach students coping mechanisms for anxiety and stress. The dog holds a Canine Good Citizen title, AKC Championship, Novice Dock Diving title, and a Novice Trick Dog title. Mrs. Joiner will handle her and will be based in her office in the Tiger Den. Students must turn in a permission form and given an assigned time slot to visit with Bea when she is here. Bea will only be available to come every few weeks. Students who do not come for their time slot will be removed from the program unless they make other prior arrangements.

If you would like more information about this program, feel free to contact Mrs. Joiner at 936-709-5676 or email her at lajoiner@conroeisd.net.

I, _____, parent/guardian of _____, give my permission for my child to participate in the PAWS program at school. I understand that I can contact Mrs. Joiner at any time regarding these services and may withdraw this consent for my child to participate at any time.

Parent/Guardian Signature

Parent/Guardian Name (please print)

Phone Number

Date