RIVER VALLEY SCHOOL DISTRICT

660 West Daley Street ≈ Spring Green, Wisconsin 53588 ≈ Phone: 608-588-2551

836 Exhibit

Animals in the School Request Form

Request Date: _____ School: _____
Staff Member: _____ Room Number: _____
Type of Animal: _____ Number of Animals: _____
Date(s) Animal(s) Will Be In School: _____
Owner of the Animal(s): Name: _____ Phone Number:_____

Are vaccinations up to date for animal(s)? Yes ___ * No ____ N/A ____
** (If "No," animal(s) will not be allowed into the school)*

Please attach a copy of the health certificate for animal(s) signed by a license veterinarian within the last year. If a certificate is not attached, please provide an explanation.

_____

_____

What is the purpose of having the animal(s) in the school?

_____

_____

Who will be responsible for care, control, and handling of the animal(s) while in the school?

_____

After Hours Contact Information: Name: _____ Phone Number: _____

I, _____, _____, agree to the following conditions:
(print name) *(print title)*

- To review safe handling and care with students, include handwashing requirements
- To clean animal cage(s) daily
- To dispose of animal waste properly (double bagged and removed to outside dumpster immediately)
- To locate animal(s) away from ventilation system to avoid circulating allergens
- To communicate with parents regarding the dates of animal presence in the classroom (copy the principal)
- To communicate with other staff in the building regarding the dates of animal presence in the classroom
- To ensure no persons in the classroom are allergic to the animal (may need to consult with school nurse)

Staff Member or Student Signature:_____ Date: _____
Parent Signature, if Student is Under 18: _____ Date: _____

REQUEST APPROVED____ REQUEST DENIED ____

District Administrator Signature: _____ Date: _____

APPROVED: May 13, 2021