

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:	NT 1 CA: 1		
Date(s) Animal(s) Will Be In School:			
Owner of the Animal(s): Name:	Phone Number:		
Are vaccinations up to date for animal(s)? * (If "No," animal(s) will not be allowed into the school)	Yes	* No	N/A
Please attach a copy of the health certificate for animal(s) sign 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) whi	ile in the school?)
After Hours Contact Information: Name:		none Number:	
I,,		agree to the follo	owing conditions:
I,,			_
- To review safe handling and care with students, include	handwashing	requirements	
- To clean animal cage(s) daily	nana washing	requirements	
- To dispose of animal waste properly (double bagged and removed to outside dumpster immediately)			
- To locate animal(s) away from ventilation system to avo	oid circulating	allergens	
- To communicate with parents regarding the dates of ani	mal 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	e animal (may	need to consult	with school nurse)
Staff Member or Student Signature:		Da	ate:
Parent Signature, if Student is Under 18:		Da	ate:
DEQUEET ADDROVED DEQUEET DEVIEW			
REQUEST APPROVED REQUEST DENIED			
District Administrator Signature:	_ Date:		

APPROVED: May 13, 2021 REVISED: September 9, 2021 APPROVED: October 14, 2021