

RIVER VALLEY SCHOOL DISTRICT

660 West Daley Street ≈	Spring Green, Wiscon	sin 53588	~	Phone: 608-588-2551	
Animals in the School Request Form 836 Exhibit					
REASON FOR ANIMAL(S) IN SCHOOL (check one):					
Classroom	Curriculum	_Service Animal		Therapy Animal	
Request Date:	School:				
Staff Member:					
Type of Animal:		Number of A	Animals:		
Owner of the Animal(s) will be in School	imal(s) Will Be In School:				
Swher of the filmhal(s).					
Are vaccinations up to date for animal(s * (If "No," animal(s) will not be allowed		Yes	* No	N/A	
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 followin	g 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)					
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Staff Member or Student Signature:	· · · · · · · · · · · · · · · · · · ·		Date:		
Parent Signature, if Student is Under 18			Date:		
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APPROVED DENIED District A	Administrator Signature:			Date:	
APPROVED: May 13 2021					

APPROVED:May 13, 2021REVISED:September 9, 2021APPROVED:October 14, 2021REVISED:August 10, 2023APPROVED:September 14, 2023