



Dear Parent/Guardian,

Your child's classroom teacher has requested to work with a Certified Therapy Dog Team from the Roxy™ Therapy Dogs non-profit organization. Roxy Therapy Dogs offers several programs for Central Bucks students; Elementary Reading Inspiration, Secondary School Stress Relief, and Student Specialized Support. Roxy Teams have already touched the lives of thousands of students in the Central Bucks School District.

There is often a waiting list for classroom requests, so we are excited to have a Roxy Team available for your student's class this year. Roxy Therapy Dogs is made up of dedicated volunteers and their Certified Therapy Dogs. A certified, professionally tested, insured therapy dog and his/her owner will visit your child's class throughout the school year. Students read to the dog or interact in a positive and relaxing way, suitable for their skill level. Studies show that this interaction decreases anxiety levels, lowers blood pressure, and has an overall calming effect, which makes learning easier, healing faster (both emotionally and physically), and school a positive experience. Please contact your child's teacher or visit [www.roxytherapydogs.org](http://www.roxytherapydogs.org) if you would like more information about Roxy Therapy Dogs.

Roxy Therapy Dogs' owners are very proud of their pets and keep them scrupulously clean and healthy. If your child, however, has a severe allergy to dogs or severe asthma, and you feel that visiting with a therapy team may cause a health problem, please let us know.

**Roxy cannot start visits until permission slips are received from each student, so please return promptly!**

For your convenience, this form is also available online at <https://www.roxytherapydogs.org/roxy-parent-permission-slip>

To access the online form, please use password: **roxyrocks**

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\_\_\_ Yes, my child has my permission to participate in Roxy Therapy Dog visits.

\_\_\_ No, my child may not participate in Roxy Therapy Dog visits due to \_\_\_\_\_.

Child's Full Name (First & Last) \_\_\_\_\_

Teacher's Full Name (First & Last) \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Full Name (First & Last) \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Email Address \_\_\_\_\_

Parent's Mailing Address \_\_\_\_\_  
\_\_\_\_\_

**Your signature authorizes Roxy Therapy Dogs to use images of your child in educational, marketing and fundraising materials, including the Roxy website, newsletters and mailings. Email addresses will be added to the Roxy Therapy Dogs mailing list. For questions regarding school programs, please contact Phyllis Mikolaj, Director of Schools, at [Phyllis@roxytherapydogs.org](mailto:Phyllis@roxytherapydogs.org)**

***Roxy Therapy Dogs is an all-volunteer, non-profit, donation dependent, 501c3 organization dedicated to children and all donations are tax-deductible.***