



Young persons name: _____

has been given the opportunity to work with the award winning education group, Canine Comprehension program

Please note all therapy dogs have completed training with Lead the Way (LTW) Animal Assisted Therapy and thus meet the highest levels of hygiene, socialisation etc.

If you have any questions about the program please contact Sarah Macdonald, Director of Canine Comprehension through her email sarah@caninecomprehension.com.au

Student behaviour

'I understand that in the event of my child's misbehaviour or behaviour that poses a danger to himself/herself or others during the program, he/she may be sent back to class. I further understand that in such circumstances I will be informed.'

'I agree to my child using the Internet and computer network in accordance with the same Internet student users agreement that applies at their school.'

'I also consent to my child being photographed and/or visual images of my child being taken during activities by Canine Comprehension for use in both Canine Comprehension's and the school's publications without acknowledgment and without being entitled to any remuneration or compensation.'

I wish to opt out of having my child being photographed. Parent / guardian consent

I have read all of the above information provided by Canine Comprehension in relation to the Canine Comprehension program.

I give permission for the young person _____
(full name) in my care to attend the Canine Comprehension program.

Parent/guardian _____
(full name)

Parent /Guardian Email: _____

Contact phone number: _____

Signature: _____ Date: _____

www.caninecomprehension.com.au