

SCHOOL HOLIDAY PROGRAM PERMISSION SLIP

Participants Name: _____

Emergency Contact

Emergency Contact Name: _____

Emergency Contact Number: _____

Allergies/ Disabilities

I give permission for my child to attend Native Animal Rescue's school holiday program.

I will allow my child to interact with our Education Animals.

I will not do anything intentionally that would cause our animals to bite or scratch.

I will treat every animal with kindness and respect.

Please be aware that animals can bite and scratch, (rarely happens) but this out ways the enjoyment your child will have. Native Animal Rescue pays particular attention to the children interacting with the animals and all care is taken. **Please let us know if you do not want your child to handle any animals.**

Parent Name: _____

Parent Signature: _____

Date: _____