



Capital READ Release Form

National Capital Therapy Dogs

P.O. Box 234

Highland, Maryland 20777

Dear Parents/Guardians:

_____ School/Library will be participating in the **Capital Reading Education Assistance Dogs (Capital READ)** Program. This program is dedicated to improving the reading skills of children using registered dog therapy teams as literacy mentors.

Handlers and their dogs will work with individual children during set dates and times on a one-on-one basis for approximately 15-20 minutes each. There is no charge for this program. The dogs and their handlers have been insured for liability and have undergone reading education training in addition to their extensive training and registration to do animal-assisted therapy.

Participation in this program will not begin until you have discussed this with your child and we receive your written permission. You also have the right to refuse participation in this program. Should you have any other questions, concerns or comments, please call the school/library office or the National Capital Therapy Dogs (301.585.6283) and someone will be happy to assist you.

Please sign below and have your child bring it to his teacher/librarian

 I **DO** give permission for my child, _____ to participate in the **Capital Reading Education Assistance Dogs (Capital READ)** Program at _____
_____ School/Library on _____ at _____.
(Day) *(Time)*

I **DO NOT** give permission for my child, _____ to participate in the **Reading Education Assistance Dogs ® (R.E.A.D.®)** Program at _____ School/Library.

(Signature of Parent or Guardian)

(Date)