



Parent & Guardian Consent Form

Wet signature copy — please complete in full, sign, and return to school

CHILD'S SCHOOL

School name

ABOUT YOUR CHILD

First name

Last name

Date of birth (DD/MM/YYYY)

Year group / class (optional)

PARENT / GUARDIAN DETAILS

Your first name

Your last name

Relationship to child

Phone number (optional)

Email address

YOUR CHILD AT SCHOOL — CIRCLE A NUMBER: 1 = STRUGGLING 5 = THRIVING

How happy do they generally seem at school?

1	2	3	4	5
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How well do they manage friendships and relationships?

1	2	3	4	5
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How well do they manage their emotions day-to-day?

1	2	3	4	5
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How confident do they feel about attending school?

1	2	3	4	5
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AREAS OF CONCERN — TICK ALL THAT APPLY (OPTIONAL)

Anxiety or worry

Low confidence

Social difficulties

Emotional regulation

School avoidance

Bereavement or loss

Family changes

Something else

Any additional information you'd like us to know (optional)

PHOTO & MEDIA CONSENT

We sometimes photograph or film sessions. Images may appear on our website or printed materials (first name only).

Yes, I am happy for photos or videos to be taken

No thank you

CONSENT — PLEASE READ AND TICK EACH BOX

I give consent for my child to participate in The Baxter Project's dog-assisted therapeutic sessions delivered at their school.

I confirm that my child has no known allergy to dogs and is comfortable around animals.

I understand that the information I share will be held securely and shared only with the school and The Baxter Project team, in line with GDPR.

I am happy for The Baxter Project to contact me by email regarding my child's participation. (optional)

SIGNATURE

Signature of parent / guardian

Date