

**Consent Form**  
**TO BE FILLED OUT BY PARENT/GUARDIAN**

Student's Name \_\_\_\_\_ Email \_\_\_\_\_

(Please Print clearly)  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
(Please Print Clearly)

Emergency Contact #1: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Name/Relationship (Please Print Clearly)

Emergency Contact #2 \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Name/Relationship (Please Print Clearly)

Should the above contact be unavailable, I give Rancho Coastal Humane Society permission to take medical precautions if necessary.

Yes \_\_\_ No \_\_\_

Does your child have any allergies to animals or medication?

Yes \_\_\_ No \_\_\_ If yes, please list \_\_\_\_\_

**Canine kennel cough, Feline upper respiratory infection, intestinal parasite infections such as tapeworm, roundworm, and ringworm can occur. Students will not knowingly be directly exposed to or interact with unhealthy animals. However as a preventative measure, care in washing hands thoroughly before leaving the shelter, removal of shoes before entering your home/yard, and changing clothing prior to contact with personal pets is recommended.**

**I understand that classroom topics for discussion may include animal welfare issues such as cruelty, domestic violence and euthanasia.**

**I agree to allow RCHS to use any photos or videos taken of me for use in PR efforts without compensation or notification.**

I release Rancho Coastal Humane Society, its Board of Directors, staff and volunteers from any and all liability arising from performing community service at this facility. I have read and understand the above statements and have received a copy for my records.

\_\_\_\_\_  
Parent or Guardian (Please Print Clearly)

\_\_\_\_\_  
Signature of Parent/Guardian

Date \_\_\_\_\_

**Students cannot participate in the KCS program unless the consent form is signed by a parent or guardian. There will be no exceptions.**

