



# My Pawsitive Squad Passport

Photo or drawing of me:

Name: .....

# All about me

I like to be called \_\_\_\_\_.

My birthday is on the \_\_\_\_\_ and I was born in the year \_\_\_\_\_.

The things I need you to know about me are:

My hobbies and interests are:

I am good at:

I don't like:

I need support with:

Can I be photographed?

# About my dog

My dog is called \_\_\_\_\_.

Photo or drawing of my dog:

My dog is a \_\_\_\_\_. (Boy or girl)

My dog is \_\_\_\_\_ years old.

My dog is a \_\_\_\_\_. (Breed)

My dog wears \_\_\_\_\_

\_\_\_\_\_

My dog is very good at:

My dog needs to work on:

I would like to teach my dog to:

For my dog to achieve this I need to:

# My Support Network & consent

I live with: \_\_\_\_\_

If there is an emergency, I would like you to call my \_\_\_\_\_

called \_\_\_\_\_ on \_\_\_\_\_.

Our address is: \_\_\_\_\_

Our phone number is: \_\_\_\_\_

Other people who might come to  
class with me:

Can my parents/guardians be  
photographed?

My parents and I are happy for my passport to be viewed by the Pawsitive Squad leadership team (shareholders, Directors and committee members). I understand that my personal information will remain confidential to Pawsitive Squad CIC unless this information needs sharing to help me stay safe and well.  We agree (tick).

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My Signature: \_\_\_\_\_

# My Emergency Health Information

I am allergic to: \_\_\_\_\_

I have these medical conditions: \_\_\_\_\_

I carry:  Oxygen  Seizure rescue meds  EpiPen  inhaler

Other: \_\_\_\_\_