

SENSITIVE ISSUES – PARENT/GUARDIAN PERMISSION REQUEST

- A girl must return this signed permission form to her Troop/Group Co-Leader in order to participate in the program.
- Information about the appropriate age-level activities is described in or attached to this form.
- Troop/Group Co-Leader retains signed permission form for their files.

Email completed form to:

Girl Scouts of Connecticut
Customer Care
customercare@gsofct.org

Dear Parent/Guardian,
Your Girl Scout's troop/group is planning to participate in a program or activity which involves subject matter that may be considered sensitive or controversial in nature. The Program Facilitator's role is that of a caring adult who can help girls acquire their own skills and knowledge in a supportive atmosphere, not someone who advocates for a particular position.

Girl Scouts of Connecticut, in collaboration with Girl Scouts of the U.S.A., has developed programs, publications, and other resources to help girls deal with many of today's issues. These programs focus on several skills including self-esteem, communications, assertiveness, problem-solving, personal safety and well-being, as well as relating to other people.

We want to be sure parents/guardians are aware of the content of the program before it is presented to their girls. Therefore, written approval by a parent/guardian is **required** for each girl to participate in any Sensitive Issues program or activity.

Either attached or written below is information about the appropriate age-level activities proposed. Your signature below gives permission for your Girl Scout to participate with the troop/group in these activities.

Program Title	Date of Program	Location of Program
Program Facilitator		
Facilitator Agency/Training/Experience		
Projected Outcome of Learning Activities		
The Planned Activities		

Parent/Guardian: Please complete the section below, tear off, and return to your Girl Scout's Troop/Group Co-Leader.

Troop/Group Co-Leader	Cell Phone	Home Phone		
Address	City	ST	Zip	
Parent/Guardian	Home Phone	Cell Phone	Work Phone	
Address	City	ST	Zip	
Girl Scout's Name	Troop #	Grade		
My Girl Scout: (Check one): <input type="checkbox"/> Has my permission to participate in the following program. <input type="checkbox"/> May NOT participate in the following program.				
Program				
Parent/Guardian Signature*			Date	

(*Original Signature required)