



GIRL SCOUTS OF CONNECTICUT

WWW.GSOFCT.ORG 1-800-922-2770

SENSITIVE ISSUES – PARENT/GUARDIAN PERMISSION REQUEST

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

Return completed form to:
Girl Scouts of Connecticut
Program Department
North Haven Service Center
20 Washington Avenue
North Haven, CT 06473
Phone (203) 239-2922 Fax (203) 239-7220

Dear Parent/Guardian,
 Your daughter's troop/group is planning to participate in a program or activity which involves subject matter that may be considered sensitive or controversial. The Program Facilitator's role is as a caring adult who can help girls acquire their own skills and knowledge in a supportive atmosphere rather than as an advocate of any particular position.

The 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 a number of skills including self-esteem, communications, assertiveness, problem-solving, personal safety and well-being, as well as relating to other people.

Before covering any Sensitive Issue, either within or beyond the scope of the Girl Scout program resources, your daughter's Troop/Group Leader or Advisor will obtain Council approval. We want to be sure parents 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 daughter 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 daughter's Troop/Group Leader or Advisor.

Troop/Group Leader/Advisor	Cell Phone	Home Phone		
Address	City	ST	Zip	
Parent/Guardian	Home Phone	Cell Phone	Work Phone	
Address	City	ST	Zip	
Daughter's Name	Troop #	Grade		
My daughter: (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	