

Girl Scouts of Central Indiana 7201 Girl Scout Lane Indianapolis, IN 46214 855.GSCIN.4U

www.girlscoutsindiana.org

SENSITIVE ISSUES - PARENT/GUARDIAN PERMISSION REQUEST

Dear Parent/Guardian,

Girl Scouts welcomes and serves girls and families from a wide spectrum of cultures. In order to be contemporary and responsive to girls' needs, some Girl Scout activities focus on subjects that may be considered sensitive in nature. There is no definitive list of sensitive issues but possible examples include substance abuse, child abuse, puberty/human sexuality, violence, youth suicide and religion.

Before covering any sensitive issue, either within or beyond the scope of the Girl Scout program resources, your daughter's Troop Leader must obtain council approval. We also 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 issue program or activity.

Our Girl Scout troop will be discussing topics that some families may consider sensitive issues. 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 in these activities.

| permission for your daughter to participate with the troop in these activities. | | | | | |
|--|------------|-------------------|---------------------------|-------|------------|
| Program Title | Pr | ogram Date | Location of Program | | |
| Program Facilitator | • | | | | |
| Facilitator Agency/Training/Experience | | | | | |
| Projected Outcome of Learning Activities | | | | | |
| | | | | | |
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| The Planned Activities | | | | | |
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| Parent/Guardian: Please complete the section below, tear off, and return to your daughter's Troop/Group Leader of Advisor. | | | | | |
| Troop/Group Leader'/Advisor | Cell Phone | | Home Phone | | |
| Address | | City | | State | Zip |
| Parent/Guardian | | Home Phone | Cell Phone | | Work Phone |
| Address | | City | | State | Zip |
| Daughter's Name | | Troop # | Grade | | |
| My Daughter: (Check one): Has my permission to participate in the following program | am. | ☐ May NOT partici | pate in the following pro | gram. | |
| Parent/Guardian Signature Date | | | | | |