

PARENTAL CONSENT FOR SENSITIVE ISSUES ACTIVITIES
Girl Scouts of San Jacinto Council

Dear Parent/Legal Guardian,

Your daughter's Girl Scout Troop/Group _____ will be discussing and/or participating in activities related to the following controversial or sensitive issue(s):

- | | |
|---|--|
| <input type="checkbox"/> Human sexuality | <input type="checkbox"/> Religious beliefs |
| <input type="checkbox"/> Cultural or family values | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Child abuse | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Eating disorders |
| <input type="checkbox"/> Rape or molestation | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Family crises (divorce, death, etc.) | <input type="checkbox"/> Acts of violence: _____ |
| | <input type="checkbox"/> Other: _____ |

We may be using program materials designed to help girls develop respect for self and others, communication skills, clear personal values and problem solving skills. These program materials are supplements to deal with topics not covered in the handbooks.

The age-appropriate activities for this topic include the circled items:

- | | | | | |
|-------------------------------------|-------------------|--------------|-----------------|---------|
| Games | Group Discussions | Role Playing | Collage/Posters | Writing |
| Watching a movie or video | Name: _____ | | | |
| Reading a book or printed materials | Name: _____ | | | |
| Viewing a presentation | Name: _____ | | | |
| Interviewing _____ | on _____ | | | |
| Guest speaker _____ | on _____ | | | |
| Service project _____ | on _____ | | | |
| Field trip _____ | on _____ | | | |

Additional information: _____

We are looking forward to the presentation of this program material and your daughter's participation. Please contact the undersigned if you have questions or useful resources. See attached reference materials, if applicable.

Sincerely,

Leader's Name _____ Phone _____

I give consent for my daughter _____ to participate in the above activities, with the exception of: _____			
Signature of Parent/Legal Guardian	Phone #	Cell Phone#	Date
_____ Print Name of Parent/Legal Guardian			

Please return signed form to _____ by _____

Troop/Group Leader: Retain this completed form for one year from date of activity.

