



Sensitive Issues Permission Form

Troop # _____ is planning or participating in an activity which has been defined by Girl Scouts of the USA as being of a sensitive or controversial nature. These are subjects or topics which are highly personal and are generally rooted in people’s values and belief systems. As such, parental support and permission is essential in assuring a positive experience for your Girl Scout. Below is listed the time and place of this activity, the sensitive issue being addressed, and a description of the specific activities/ discussions that will take place. Please review this information.

In order for your Girl Scout to participate, please sign and return the lower portion of this permission form to your Girl Scout's Troop Leader by _____.

If this activity is outside of the normal Troop/Group meeting setting, you may be asked to provide an additional activity permission form to your daughter’s leader.

Activity Date: _____ Time: _____

Location: _____

This activity involves the following sensitive issue(s)

- | | |
|--|--|
| <input type="checkbox"/> AIDS | <input type="checkbox"/> Human Sexuality (including alt. lifestyles) |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Family Crises (divorce, poverty, death) | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Human Trafficking | <input type="checkbox"/> Other (describe) _____ |
| <input type="checkbox"/> Substance Abuse | |
| <input type="checkbox"/> Mental Health | |

Description of specific activities: _____

If you have questions regarding this activity, please contact:

Name/Position: _____ Phone: _____

My Girl Scout, _____, has my permission to participate in the activities involving the following sensitive issue(s): _____

I understand that the leader has consulted the Council and Girl Scout Resources on these issues and, where needed, has recruited a qualified consultant to conduct the activities.

Parent/Guardian Signature Date

Parent/Guardian Telephone: _____

Parent/Guardian Email: _____