

Girl Scouts of Tulip Trace Council, Inc.
5596 East State Road 46
P O Box 5485
Bloomington IN 47407-5485
812-336-6804 – 800-467-6804

“SENSITIVE ISSUES” PARENT PERMISSION

Dear Parent or Guardian:

Troop # _____ will be working on a program entitled _____ .
Subjects to be covered in the program will include the following:

Date	Topic	Consultant/Resources

Specific activities include: _____

Resources include (videos, books, and people): _____

Your daughter's participation in this program and attendance at each meeting is optional. However, to participate she must have your permission. Because you are the most important person to your child, we will need and seek your support and participation during this program. In order for your daughter/ward to participate in the above mentioned program, please return the attached permission slip to me by _____.

If you have concerns or want additional information, please call _____
at _____.

Leader's signature: _____ Date: _____

Fill out and return bottom portion to troop leader. Keep the top for your information.



PARENT PERMISSION FOR “SENSITIVE ISSUES”

My daughter/ward _____, has my permission to participate in
the program: _____ planned by her Girl
Scout Troop.

Parent/Guardian Signature

Date

#143
9/93
R 9/05