



**Girl Scouts of Eastern South
Carolina
Sensitive Issues for Girls
Parent Consent Form**

PLEASE COMPLETE AND RETURN TO YOUR DAUGHTER'S TROOP LEADER

Name _____ Telephone# _____

Address _____

City _____ State _____ Zip Code _____

Age _____ Troop # _____ Age Level _____ Date of Activity _____

I give permission for my daughter, _____, to participate in Troop activities that pertain to _____.

I understand that the activities will follow the guidelines established by Girl Scouts of the USA, adopted

by Girl Scouts of Eastern South Carolina, and are appropriate for my daughter's Troop level.

Parent/Guardian Signature

Date



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