**Girl Scouts of Eastern South Carolina**



 **Sensitive Issues for Girls**

**Parent Consent Form**

**PLEASE COMPLETE AND RETURN TO YOUR DAUGHTER’S TROOP LEADER**

Name: Click here to enter text. Telephone#: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip Code: Click here to enter text.

Age: Click here to enter text.Troop #Click here to enter text.Age Level Click here to enter text.

Date of Activity Click here to enter a date.

I give permission for my daughter, Click here to enter text.,to participate in troop activities that pertain to

Click here to enter text.

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: Click here to enter text. Date: Click here to enter a date.

**By typing my name in the box above I am offering my digital signature in lieu of my handwritten signature. I understand that my digital signature carries the same legal bindings as my handwritten signature.**

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