

Parent/Guardian Signature

Girl Scouts of Eastern South Carolina

Sensitive Issues for Girls Parent Consent Form

PLEASE COMPLETE AND RETURN TO YOUR DAUGHTER'S TROOP LEADER

NameTelephone#	
Address	
CityStateZip Code	
AgeTroop #Age LevelDate of Activity	
I give permission for my daughter,	,to participate
Troop activities that pertain to	
I understand that the activities will follow the guidelines established by Girl S adopted	Scouts of the USA,
by Girl Scouts of Eastern South Carolina, and are appropriate for my daught	ter's Troop level.
Parent/Guardian Signature Date	
Girl Scouts of Fastern South	
Girl Scouts of Eastern South Carolina Sensitive Issues for Girls Parent Consent Form	
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Date