



# Authorization Form

Parent /Guardian (Print): \_\_\_\_\_

Address: \_\_\_\_\_

Contact No \_\_\_\_\_ Email ID \_\_\_\_\_

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Child's Name (Print) \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Age of the child \_\_\_\_\_

*Due to the nature of our program we will discuss various sensitive topics related to the 'Grown Woman Issues' that our little girls face. Issues may include but are not limited to: Rape/Incest; Sex/Pregnancy; Drugs/Alcohol; Bullying; Domestic Violence; and Addictions.*

Do you authorize your child to be hear and participate in our discussions? Yes or No

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Date on which the authorization will begin \_\_\_\_\_

***Authorization will last the duration of the program or programs if they continue into the next phase.***

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Parent/ Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Initials \_\_\_\_\_