

G.I.R.L.S. Parent/Guardian Consent Form

To the parent/guardian of _____:

The intention of this letter is to invite your daughter to participate in the small-group experience Girls in Real-Life Situations (G.I.R.L.S.). The purpose of G.I.R.L.S. is to help your daughter discuss and deal with issues and situations that girls often face. In addition, G.I.R.L.S. will provide your daughter with the opportunity to openly discuss these issues in a safe and supportive environment.

G.I.R.L.S. will meet at Stoughton Youth Commission (110 Rockland Street) on the following dates and times:

5:00 - 6:15; 10/20, 10/27, 11/3, 11/10, 11/17, 11/24

Monday's *

Please complete the consent form below, placing a check mark in the appropriate box, and return it to me by 10/14. If you have any questions, please do not hesitate to call me at 781-232-9384

Sincerely,

Rebecca Buchanan M.A.

G.I.R.L.S. facilitator

☐ I **grant** permission for my daughter to participate in G.I.R.L.S.

☐ I **deny** permission for my daughter to participate in G.I.R.L.S.

Daughter's name _____ Parent/guardian name _____

Parent/guardian signature _____ Date _____

Home phone number _____ Work phone number _____

G.I.R.L.S. Confidentiality Pledge

Dear G.I.R.L.S. Member:

Congratulations on your willingness to participate in G.I.R.L.S. During the group sessions, we will be discussing many issues that are important and sacred to all girls. In the group, you will be asked to share stories and information and talk to other group members. The most important rule in G.I.R.L.S. is confidentiality. *Confidentiality* means that you do not talk about what another member has said when you are not in the group session. As long as nobody else can overhear, you may talk about the group with your parent or guardian. *If you break confidentiality, you may be asked to leave the group.* Please think carefully about this issue and sign the pledge below if you agree to follow the requirements of the confidentiality agreement.

I, _____, understand what confidentiality means, and I promise that I will not reveal any information about another group member to anyone outside of the group, except my parent or guardian. If I choose to break this confidentiality agreement, I understand that I may be asked to leave the group.

Your signature _____ Date _____