



LOVE HER PINKY PROMISE PROGRAM

I, the parent of _____, hereby authorize participation of my child in the Make an Impact. Period. Let's talk about hygiene health and the fight to end period poverty on March 27th, 2024 by Love Her, Inc.

At this event, speakers will share on topics including the importance of health and wellness, hygiene health, and period poverty.

Each participating youth will pack hygiene kits to donate to the local community as well as receive a kit of their own.

Child Name: _____ Child Age _____

Parent/ Legal Guardian Name: _____

Parent/ Legal Guardian Signature: _____

Date: _____

Note: If your child would like to receive community service hours, please have them bring the form provided by their school.

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