

WRITTEN PERMISSION FOR A MENTAL HEALTH CARE PROFESSIONAL OR  
HEALTH CARE PROVIDER TO HAVE ONE-ON-ONE INTERACTION WITH A  
MINOR  
ATHLETE



SWIM KAUAI AQUATICS

I, \_\_\_\_\_, legal guardian of \_\_\_\_\_ a  
minor athlete, give express written permission, and grant an exception to the Minor  
Athlete Abuse Prevention Policy for \_\_\_\_\_ a mental health care  
professional and/or health care provider, to have a one-on-one interaction with  
\_\_\_\_\_ (minor athlete) in conjunction with  
participation in the sport of swimming on \_\_\_\_\_ (date) from \_\_\_\_\_ am/pm to  
\_\_\_\_\_am/pm.

I acknowledge that this one-on-one interaction may be a closed-door meeting, provided  
that the door remains unlocked; another adult is present at the facility; and the other adult  
at the facility is advised that a closed-door meeting is occurring. I further acknowledge that  
this written permission is valid only for the dates and location specified herein.

Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_