

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



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: \_\_\_\_\_