



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



**TYDE PERMISSION FOR TREATMENT BY MENTAL HEALTH CARE  
PROFESSIONAL AND/OR HEALTH CARE PROVIDER**

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: \_\_\_\_\_