



**Written Permission for a Mental Health Care Professional or
Health Care Provider to have One-on-One Interaction**

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

One Team ♦ One Vision ♦ One Kid at a Time