

WETT SWIM CLUB
MENTAL HEALTH CARE PROFESSIONAL

WRITTEN 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 _____ (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 at _____ (location), on _____ (date) from _____ am/pm to _____ am/pm.

I acknowledge that this one-on-one interaction may be a close-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: _____