



**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 _____, 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: _____