

**PERMISSION FOR HEALTH CARE PROVIDER TO HAVE  
ONE-ON-ONE INTERACTION WITH MINOR ATHLETE**



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**LAWRENCE COUNTY AQUATICS, INC.**

**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: \_\_\_\_\_