

LAKE CENTRAL BARRACUDAS



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 Name: _____

Signature: _____

Date: _____