

**PERMISSION FOR A MENTAL HEALTH CARE PROFESSIONAL
OR HEALTH CARE PROVIDER
TO HAVE ONE-ON-ONE INTERACTION WITH A MINOR ATHLETE**



Swim Torrance

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: _____