<u>PERMISSION FOR A MENTAL HEALTH CARE PROFESSIONAL OR HEALTH CARE</u> <u>PROVIDER TO HAVE ONE-ON-ONE INTERACTION WITH A MINOR ATHLETE</u>

San Diego Aquatic Club

I,	, legal guardia	n of	,
a minor athlete, give express wr	itten permission, an	d grant an exception	on to the Minor Athlete
Abuse Prevention Policy for		, a mental	health care professional
and/or health care provider, to h	ave a one-on-one i	nteraction with	
	(minor athlete) in conjunction wit	th participation in the spor
of swimming on(da	ate) from	_am/pm to	am/pm.
I acknowledge that this one-on-o	one interaction may	be a closed-door r	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 d	lates and location s	pecified herein.	
of swimming on(da I acknowledge that this one-on-o door remains unlocked; another is advised that a closed-door me	ate) from one interaction may adult is present at t eeting is occurring. I	am/pm to be a closed-door r the facility; and the further acknowled	am/pm. meeting, provided that the other adult at the facility

Legal Guardian Signature:

Date: