

**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: _____