

**PERMISSION FOR A MENTAL HEALTH CARE PROFESSIONAL AND/OR HEALTH CARE PROVIDER TO TREAT A MINOR ATHLETE IN CONJUNCTION WITH PARTICIPATION INCLUDING AT PRACTICE OR COMPETITION SITES**



I, \_\_\_\_\_, legal guardian of \_\_\_\_\_, a minor athlete, give express written permission, and grant an exception to the Minor Athlete Abuse Prevention Policy for \_\_\_\_\_ (Mental Health Care Professional and/or other Health Care Provider) to treat a minor athlete in conjunction with participation including at practice or competition sites on

\_\_\_\_\_ (minor athlete) on \_\_\_\_\_ (date)

at \_\_\_\_\_ (location).

A closed-door meeting may be permitted to protect patient privacy provided that:

- a. The door remains unlocked
- b. Another adult is present at the facility
- c. The other adult is advised that a closed-door meeting is occurring
- d. Written legal guardian consent is obtained in advance by the Mental Health Care Professional and/or other Health Care Provider.

I further acknowledge that this written permission is valid only for the dates and location specified herein.

Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_