



PARENT/LEGAL GUARDIAN 1:1 DISCLOSURE FORM

I understand that the program named below will involve one-on-one interactions with my child and the named authorized adult. By signing below, I authorize my child to participate in the program.

TO BE FILLED OUT BY THE RESPONSIBLE PROGRAM PERSON:

Program: _____

Date(s): _____ Anticipated start time: _____ Anticipated end time: _____

Specific location, including address and room number(s) if applicable:

Description of one-on-one interaction:

This program is: Recurring One-time

TO BE FILLED OUT BY THE PARENT/LEGAL GUARDIAN:

Minor Name: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

Address:

Phone No.: _____

Campus Safety and Emergency Services