

# 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 completed 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 completed by the parent/legal guardian:

Minor Name: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

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

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

### For more information, contact:

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