

# PERSONAL CARE ASSISTANT CONSENT FORM<sup>1</sup>

This consent form is for the purposes of the Personal Care Assistant exception in the Minor Athlete Abuse Prevention Policies.

Review the consent and only complete the areas of the form that are necessary by initialing that area and signing the form at the bottom. Not all areas of the form are required to be completed.

Please note that depending on the policy, consent could be required:

- 1 | Every instance,
- 2 | On an annual basis, or
- 3 | The parent/guardian can determine if the consent is provided every instance or annually.

If an option is not provided for annual consent, then consent needs to be provided in every instance. Additionally, consent can be withdrawn by a parent/guardian at any time.

The undersigned is the parent/guardian of the Minor Athlete identified below, who is a member or participant of \_\_\_\_\_, and under the age of 18.

This consent is provided pursuant to \_\_\_\_\_,

and I acknowledge that \_\_\_\_\_ contains policies that are intended to prevent abuse and risks of harm. I acknowledge that I have been advised that prior to granting consent, I should complete the training entitled Parent's Guide to Misconduct in Sport available at [athletesafety.org](https://athletesafety.org).

<sup>1</sup> This is a model form designed to help organizations comply with the MAAPP. Each organization is responsible for ensuring the forms meet their specific organizational requirements, and all users of the document are responsible for obtaining appropriate legal advice as it pertains to the usage of this form.

## PERSONAL CARE ASSISTANT CONSENT

I, as the parent/guardian of \_\_\_\_\_, a Minor Athlete under the age of 18, have appointed \_\_\_\_\_ as a Personal Care Assistant (PCA). I understand that the identified Adult Participant Personal Care Assistant must meet the following requirements to act as a PCA for said Minor Athlete during In-Program activities:

- 1 | Comply with the Education and Training Policy of \_\_\_\_\_
- 2 | Comply with the Screening Policy of \_\_\_\_\_

I have read and understand \_\_\_\_\_ and am granting \_\_\_\_\_ to have the following exceptions when working with my Minor Athlete.

By my initials below I am agreeing to the Personal Care Assistant Exception for each area of \_\_\_\_\_, for the time period noted.

**If an area does not have my initial, I do not consent to the exception detailed in that area.** I am aware that I can withdraw this consent at any time.

# PERSONAL CARE ASSISTANT CONSENT: **ONE-ON-ONE INTERACTIONS**

## Annual

I, as the parent/guardian of the Minor Athlete identified, hereby authorize and consent that the above named Adult Participant PCA can have In-Program one-on-one interactions where consent is **allowed** and not otherwise covered by this form with said Minor Athlete at \_\_\_\_\_ for one year from the date of this consent.

Initial \_\_\_\_\_ Date \_\_\_\_\_

## Every Instance

I, as the parent/guardian of the Minor Athlete identified, hereby authorize and consent that the above named Adult Participant PCA can have In-Program one-on-one interactions where consent is **allowed** and not otherwise covered by this form with said Minor Athlete at \_\_\_\_\_ for the following occasions:

DATE	EVENT/OCCASION NAME	LOCATION

Initial \_\_\_\_\_ Date \_\_\_\_\_

DATE	EVENT/OCCASION NAME	LOCATION

Initial \_\_\_\_\_ Date \_\_\_\_\_

# PERSONAL CARE ASSISTANT CONSENT: **TRANSPORTATION**

## Annual

I, as the parent/guardian of the Minor Athlete identified, hereby authorize and consent that the above named Adult Participant PCA can travel one-on-one with said Minor Athlete to and from all In-Program activities related to \_\_\_\_\_ for one year from the date of this consent.

Initial \_\_\_\_\_ Date \_\_\_\_\_

## Every Instance

I, as the parent/guardian of the Minor Athlete identified, hereby authorize and consent that the above named Adult Participant PCA can travel one-on-one with said Minor Athlete to and from the In-Program activities related to \_\_\_\_\_ during the following occasions:

EVENT/PRACTICE/OCCASION NAME	LOCATION	DATES

Initial \_\_\_\_\_ Date \_\_\_\_\_

EVENT/PRACTICE/OCCASION NAME	LOCATION	DATES

Initial \_\_\_\_\_ Date \_\_\_\_\_

**PERSONAL CARE ASSISTANT CONSENT: LODGING - NOT A SHARED ROOM**

**Annual**

I, as the parent/guardian of the Minor Athlete identified, hereby authorize and consent that the above named Adult Participant PCA can share lodging arrangements with said Minor Athlete for all In-Program lodging related to \_\_\_\_\_ for one year from the date of this consent. I understand that said Adult Participant will **NOT** share a hotel room or otherwise sleep in the same room with said Minor Athlete and all interactions will be observable and interruptible unless additional consent for In-Program one-on-one interactions is also provided.

Initial \_\_\_\_\_ Date \_\_\_\_\_

**Every Instance**

I, as the parent/guardian of the Minor Athlete identified, hereby authorize and consent that the above named Adult Participant PCA can share lodging arrangements with said Minor Athlete for all In-Program lodging related to \_\_\_\_\_ during the occasions detailed below. I understand that said Adult Participant will **NOT** share a hotel room or otherwise sleep in the same room with said Minor Athlete and all interactions will be observable and interruptible unless additional consent for In-Program one-on-one interactions is also provided.

DATE	EVENT/OCCASION NAME	LOCATION

Initial \_\_\_\_\_ Date \_\_\_\_\_

DATE	EVENT/OCCASION NAME	LOCATION

Initial \_\_\_\_\_ Date \_\_\_\_\_

## PERSONAL CARE ASSISTANT CONSENT: **LODGING - SHARED ROOM**

### Every Instance

I, as the parent/guardian of the Minor Athlete identified, hereby authorize and consent that the above named Adult Participant PCA can share a hotel room or otherwise sleep in the same room with said Minor Athlete for the In-Program lodging related to \_\_\_\_\_ during the following occasions:

DATE	EVENT/OCCASION NAME	LOCATION

Initial \_\_\_\_\_ Date \_\_\_\_\_

DATE	EVENT/OCCASION NAME	LOCATION

Initial \_\_\_\_\_ Date \_\_\_\_\_

## PERSONAL CARE ASSISTANT CONSENT: **LOCKER ROOMS**

### Annual

I, as the parent/guardian of the Minor Athlete identified, hereby authorize and consent that the above named Adult Participant PCA can have one-on-one interactions with said Minor Athlete in the Locker Room during In-Program sport activities related to \_\_\_\_\_ for one year from the date of this consent. I understand that this consent does **NOT** allow said Adult Participant to shower with said Minor Athlete.

Initial \_\_\_\_\_ Date \_\_\_\_\_

### Every Instance

I, as the parent/guardian of the Minor Athlete identified, hereby authorize and consent that the above named Adult Participant PCA can have one-on-one interactions with said Minor Athlete in the Locker Room during In-Program sport activities related to \_\_\_\_\_ for the occasions detailed below. I understand that this consent does **NOT** allow said Adult Participant to shower with said Minor Athlete.

DATE	EVENT/OCCASION NAME	LOCATION

Initial \_\_\_\_\_ Date \_\_\_\_\_

DATE	EVENT/OCCASION NAME	LOCATION

Initial \_\_\_\_\_ Date \_\_\_\_\_

**PERSONAL CARE ASSISTANT CONSENT: ELECTRONIC COMMUNICATIONS**

**Annual**

I, as the parent/guardian of the Minor Athlete identified, hereby authorize and consent that the above named Adult Participant PCA can have one-on-one Electronic Communication with said Minor Athlete related to In-Program activities at \_\_\_\_\_ for one year from the date of this consent.

Initial \_\_\_\_\_ Date \_\_\_\_\_

**Every Instance**

I, as the parent/guardian of the Minor Athlete identified, hereby authorize and consent that the above named Adult Participant PCA can have one-on-one Electronic Communications with said Minor Athlete related to In-Program activities at \_\_\_\_\_ for the following occasion:

DATE	EVENT/OCCASION NAME	LOCATION

Initial \_\_\_\_\_ Date \_\_\_\_\_

DATE	EVENT/OCCASION NAME	LOCATION

Initial \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, as parent/guardian of \_\_\_\_\_, who is under the age of 18, have read \_\_\_\_\_ and acknowledge that the above written permission is valid for the dates identified above. If I am signing and submitting this consent electronically, I acknowledge that my electronic signature shall have the same validity, force, and effect as if I signed this consent by hand.

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

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