**APPENDIX B**

**University of Arizona Interactions with Non-Enrolled Minors**

**Parental/Legal Guardian Disclosure of One-on-One Interaction with a Minor**

Program or activity name:

The above-named Program or activity may involve one-on-one interactions with your child as follows:

Please complete the following regarding your child’s participation in this Program or activity:

Child’s Name:

**I understand that the above-named Program or activity may involve one-on-one interactions with my child and, by signing below, I authorize my child to participate.**

Printed Name of Program Participant’s Parent or Legal Guardian

Signature of Parent or Legal Guardian Date