



EMERGENCY MEDICAL CARE REFUSAL FORM – ATHLETE COMPLETION

(To be completed by adult athlete with capacity to sign legal documents)

Instructions: Only complete this form if you do not consent to emergency medical care on religious or other grounds and have marked a box under the Emergency Care provision on the Athlete Release Form.

I am a Special Olympics athlete with capacity to sign documents on my own behalf and agree to the following:

- No Consent to Emergency Medical Care.** I understand that Special Olympics' standard registration form requires athletes or their parents or guardians to consent to emergency medical care for the athlete if needed in an emergency. Based on religious beliefs or other reasons I am not consenting to emergency medical care.

YOU MUST MARK THE BOX AND WRITE YOUR INITIALS NEXT TO ONE STATEMENT TO CONFIRM YOUR INTENT:

- I DO NOT CONSENT TO ANY KIND OF MEDICAL TREATMENT, EVEN IN A LIFE-THREATENING EMERGENCY. INITIALS: _____**
 - I DO NOT CONSENT TO BLOOD TRANSFUSIONS, EVEN IN A LIFE-THREATENING EMERGENCY. I CONSENT TO ALL OTHER KINDS OF EMERGENCY MEDICAL CARE. INITIALS: _____**
- Printed Instructions.** I agree to carry printed instructions that describe my religious or other objections to medical treatment and how I wish the person accompanying me to respond if I get sick or hurt and cannot speak for myself. I agree to carry these printed instructions with me at all times during my participation in any Special Olympics activity, including during meal times, in overnight accommodations, at training sessions and competitions, and during travel to and from Special Olympics activities.
 - Friend or Family Accompaniment.** I understand that I must be accompanied by an adult friend or family member in order for that person can take personal responsibility for me during a medical emergency where I am unable to speak for myself.
 - Emergency Medical Care If Athlete Is Not Accompanied.** I understand that, if I am not carrying the printed instructions **or** the accompanying adult is not present and actively taking personal responsibility for me during a medical emergency where I am unable to speak for myself, Special Olympics may seek emergency medical care for me as recommended by medical professionals responding to the emergency.
 - Liability Release.** I release Special Olympics, its employees, and its volunteers from all claims that may arise out of taking or failing to take measures to provide me with emergency medical care. I am agreeing to this release because I have refused, knowingly and voluntarily, to give Special Olympics permission to take emergency measures, and I am expressly withholding consent to emergency medical care on religious or other grounds. For this form, "Special Olympics" means all Special Olympics organizations.

Athlete Name:	E-mail:
ATHLETE SIGNATURE	
I have read and understand this form. If I have questions, I will ask. By signing, I agree to this form.	
Athlete Signature:	Date:
SIGNATURE OF ACCOMPANYING ADULT	
By signing, I agree to accompany the athlete during Special Olympics activities and take personal responsibility for the athlete during an emergency. I understand the extent to which the athlete does not consent to emergency medical care and agree to act in accordance with the athlete's wishes as I understand them.	
Signature of Accompanying Adult:	Date:
Printed Name:	Relationship:



EMERGENCY MEDICAL CARE REFUSAL FORM – PARENT OR GUARDIAN COMPLETION

(To be completed by parent or guardian of athlete who is a minor or lacks capacity to sign legal documents)

Instructions: Only complete this form if you do not consent to emergency medical care on religious or other grounds and have marked a box under the Emergency Care provision on the Athlete Release Form.

I am the parent/guardian of the athlete named below and agree to the following:

- No Consent to Emergency Medical Care.** I understand that Special Olympics' standard registration form requires athletes or their parents or guardians to consent to emergency medical care for the athlete if needed in an emergency. Based on religious beliefs or other reasons I am not consenting to emergency medical care as follows.

YOU MUST MARK THE BOX AND WRITE YOUR INITIALS NEXT TO ONE STATEMENT TO CONFIRM YOUR INTENT:

I DO NOT CONSENT TO ANY KIND OF MEDICAL TREATMENT, EVEN IN A LIFE-THREATENING EMERGENCY. INITIALS: _____

I DO NOT CONSENT TO BLOOD TRANSFUSIONS, EVEN IN A LIFE-THREATENING EMERGENCY. I CONSENT TO ALL OTHER KINDS OF EMERGENCY MEDICAL CARE. INITIALS: _____

- Accompaniment of Athlete.** I understand that I must be present in order to take personal responsibility for the athlete if any medical treatment is to be refused on the athlete's behalf in a medical emergency arises. This includes during meal times, in overnight accommodations, at training sessions and competitions, and during travel to and from Special Olympics activities.
- Emergency Medical Care If Athlete Is Not Accompanied.** I understand that, if I am not present and actively taking personal responsibility for the athlete during a medical emergency, Special Olympics may seek emergency medical care for the athlete as recommended by medical professionals responding to the emergency.
- Liability Release.** On behalf of myself and the athlete, I release Special Olympics, its employees, and its volunteers from all claims that may arise out of taking or failing to take measures to provide the athlete with emergency medical care. I am agreeing to this release because I have refused, knowingly and voluntarily, to give Special Olympics permission to take emergency measures, and I am expressly withholding consent to emergency medical care on religious or other grounds. For this form, "Special Olympics" means all Special Olympics organizations.

Athlete Name:	E-mail:
PARENT/GUARDIAN SIGNATURE	
I am a parent or guardian of the athlete. I have read and understand this form and have explained the contents to the athlete as appropriate. By signing, I agree to this form on my own behalf and on behalf of the athlete. This release shall be binding upon me, the athlete and our respective heirs and legal representatives.	
Parent/Guardian Signature:	Date:
Printed Name:	Relationship: