



## EMERGENCY MEDICAL CARE REFUSAL FORM – ATHLETE COMPLETION

(To be completed by athlete signing on own behalf.)

**For athletes needing parent/guardian signature, please go to next page**

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

I, \_\_\_\_\_ (the Athlete Name here), am at least 18 years old and agree to the following:

1. **No Consent to Emergency Medical Care.** I understand that standard registration form for Special Olympics Nevada ("Special Olympics") 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 CHECK 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: \_\_\_\_\_**

2. **Printed Instructions.** I agree to carry printed instructions that describe my religious or other objections to medical treatment and how I wish Special Olympics 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.
3. **Friend or Family Accompaniment.** I agree that I will be accompanied by an adult friend or family member who is a registered Special Olympics volunteer at all times during my participation in any Special Olympics activity, so that this person can take personal responsibility for me during a medical emergency where I am unable to speak for myself. I understand that if this friend or family member is not present at all times, I will not be permitted to participate in Special Olympics activities, and that no exceptions will be made.
4. **No Guarantee.** I understand that Special Olympics cannot guarantee that emergency medical care will be withheld 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.
5. **Liability Release.** I release Special Olympics Nevada, 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 directing Special Olympics not to do so on religious or other grounds.

**I have read and understand this release. By signing, I agree to this release.**

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing, I agree to accompany the Athlete during all Special Olympics activities as a registered Special Olympics volunteer 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 under 18 years old or otherwise has a legal guardian)

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

I am the parent/guardian of \_\_\_\_\_ (the “Athlete”) and agree to the following:

1. **No Consent to Emergency Medical Care.** I understand the standard registration form for Special Olympics Nevada (“Special Olympics”) 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 CHECK 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: \_\_\_\_\_
- 2. **Accompaniment of Athlete.** I agree to be present with the Athlete at all times during any Special Olympics activity, so that I can be readily available to take personal responsibility for the Athlete if 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. I understand that this will require that I be a registered and cleared volunteer with Special Olympics Program. I understand that if I am not present at all times, then another reistered adult volunteer must be provided by me to accompany the athlete or else the Athlete will not be permitted to participate in Special Olympics activities, and I understand that no exceptions will be made.
- 3. **No Guarantee.** I understand that Special Olympics cannot guarantee that emergency medical care will be withheld if I am not present and actively taking personal responsibility for the Athlete during a medical emergency.
- 4. **Liability Release.** On behalf of myself and the Athlete, I release Special Olympics Nevada, 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 directing Special Olympics not to do so on religious or other grounds.

I am authorized to enter into this Release on the Athlete’s behalf. I have read and understand this release and have explained the contents to the Athlete as appropriate. By signing, I agree that this Release shall be binding upon me, the Athlete, and our respective heirs and legal representatives.

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

Printed Name: \_\_\_\_\_ Relationship: \_\_\_\_\_