



EMERGENCY MEDICAL CARE REFUSAL FORM – PARENT OR GUARDIAN COMPLETION

(To be completed by parent or guardian of participant 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 Participant Release Form.

I am the parent/guardian of _____ (the “Participant”) and agree to the following:

1. **No Consent to Emergency Medical Care.** I understand that Special Olympics’ standard registration form requires participants or their parents or guardians to consent to emergency medical care for the Participant 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 Participant.** I agree to be present with the Participant at all times during any Special Olympics activity, so that I can be readily available to take personal responsibility for the Participant 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 if I am not present at all times, the Participant will not be permitted to participate in Special Olympics activities, and 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 Participant during a medical emergency.

4. **Liability Release.** On behalf of myself and the Participant, 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 Participant 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 Participant’s behalf. I have read and understand this release and have explained the contents to the Participant as appropriate. By signing, I agree that this Release shall be binding upon me, the Participant, and our respective heirs and legal representatives.

Signature: _____ Date: _____

Printed Name: _____ Relationship: _____