SPECIAL PROVISIONS REGARDING MEDICAL TREATMENT (Religious Objections Form)



Date

AREA:			SCH(CHOOL/AGENCY:			
ATHLETE NAME:	Last:	Last:			First:		
DATE OF BIRTH:	month da	/ lay ye	 ear				
guardian, if the athlete is athlete if a medical emerg	s a minor), to gi gency arises du o consent to tha	ive Special O uring his/her p at emergency	Dlympics permission participation in Speci treatment. If you ha	i to arrange ial Olympic ive religious	application form normally requires enter for emergency medical treatment (is, under circumstances in which neith sobjects to approving that provision, g and signing it below.	including hospitalization) for any her the athlete nor his/her parent	
arrangements for emerge	ency medical tre t. I am withholdi	eatment for n	myself (my son/daug	ghter) if I (r	d and rejected the provision that auth- ny son/daughter) is injured and I (my wever, on behalf of myself and/or my	y parents/guardian) ar unable to	
TO BE COMPLETED BY ADULT ATHLETE				<u>OR</u> 70	R TO BE COMPLETED BY PARENT/GUARDIAN OF MINOR ATHLETE		
1. I agree to carry with me, at all times during my participation in any Special Olympics training or competition event, a printed card or paper that describes my religious objection, so that in case I get sick or hurt and cannot speak for myself, Special Olympics will be able to read this card and learn of my religious objections to medical treatment.				1.	1. I agree to be present with the athlete at all times at the site of any Special Olympics training or competition events in which the athlete will participate, so that I can be readily available to take personal responsibility for the athlete if a medical emergency arises. I understand that if I am not present, the athlete will <u>not</u> be permitted to participate in that event and that no exceptions will be made.		
2. I also agree to make arrangements for an adult friend or member of my family to be present with me on site at all times during my participation in Special Olympics activities, so that this person can take personal responsibility for me if a medical emergency arises and I am unable to speak for myself. I understand that if this friend or family member is not present, I will <u>not</u> be permitted to participate in that event, and that no exceptions will be made.				2.	2. I also agree on behalf of myself and the athlete, to release Special Olympics and their employees and volunteers from any and all claims, demands or liabilities of any kind that may arise out of Special Olympics' failure to take measures to provide the athlete with emergency medical treatment during Special Olympics events and activities. I am agreeing to this release because I have refused, knowingly and voluntarily to give Special Olympics permission to take such emergency measures, and I am expressly directing Special Olympics not to do so, on religious grounds. I have read this release. I fully understand what it says and I agree to it.		
I also agree to releas volunteers from any a that may arise out of provide me with emer	I also agree to release Special Olympics and their employees and volunteers from any and all claims, demands or liabilities of any kind that may arise out of Special Olympics' failure to take measures to provide me with emergency medical treatment during Special Olympics events and activities. I am agreeing to this release because						
I have refused, knowingly and voluntarily to give Special Olympics permission to take such emergency measures, and I am expressly directing Special Olympics not to do so, on religious grounds.				Sie	gnature of Parent/Guardian	Date	
I have read this release.		_		0	R		
Signature of Adult Athlete	ignature of Adult Athlete Date				gnature of Parent/Guardian	Date	
Signature of Family Member/Friend: _							
I have verified with to religious objection		nd/or parer	nt/guardian that t	hey unde	rstand this form and do not wa	ant medical treatment due	

Area Director