# SPECIAL PROVISIONS REGARDING MEDICAL TREATMENT
## (Religious Objections Form)

Special Olympics Florida

**COUNTY**:_____ **SCHOOL/AGENCY:**_____

**ATHLETE NAME** Last:_____ First:_____

**DATE OF BIRTH**: ____/____/____
**month day year**

Special Olympics respects the religious beliefs of all of its athletes. Our standard application form normally requires each athlete (or his/her parent or guardian, if the athlete is a minor), to give Special Olympics permission to arrange for emergency medical treatment (including hospitalization) for any athlete if a medical emergency arises during his/her participation in Special Olympics, under circumstances in which neither the athlete nor his/her parent or guardian is available to consent to that emergency treatment. If you have religious objects to approving that provision, please **cross it out and initial it** on the application form, and submit the application along with this page, after reading and signing it below.

On the attached Official Special Olympics Release Form, I have crossed out, initialed and rejected the provision that authorizes Special Olympics to make arrangements for emergency medical treatment for myself (my son/daughter) if I (my son/daughter) is injured and I (my parents/guardian) are unable to consent to that treatment. I am withholding this permission on religious grounds. However, on behalf of myself and/or my parents/guardian, I do agree to and confirm the following:

***TO BE COMPLETED BY ADULT 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.
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 **not** be permitted to participate in that event, and that no exceptions will be made.
3. 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.

I have read this release, I fully understand what it says and I agree to it.

_____ _____
Signature of Adult Athlete Date

Signature of Family Member/Friend:_____

***OR***

***TO BE COMPLETED BY PARENT/GUARDIAN OF MINOR ATHLETE***

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 **not** be permitted to participate in that event, and that no exceptions will be made.
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.

_____
Signature of Parent/Guardian

Date_____

**I have verified with the athlete and/or parent/guardian that they understand this form and do not want medical treatment due to religious objections.** _____ _____
County Coordinator Signature Date


*Created by The Joseph P. Kennedy, Jr. Foundation for the Benefit of Persons with Intellectual Disabilities*