



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 that Special Olympics/Special Olympics Maryland's 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 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/Special Olympics Maryland 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/Special Olympics Maryland activities. I understand that if I am not present at all times, the Athlete will not be permitted to participate in Special Olympics/Special Olympics Maryland activities, and that no exceptions will be made.
3. **No Guarantee.** I understand that Special Olympics/Special Olympics Maryland 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/Special Olympics Maryland, 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/Special Olympics Maryland permission to take emergency measures, and I am expressly directing Special Olympics/Special Olympics Maryland 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: _____