



HEALTHY ATHLETES CONSENT FORM

Athlete's Name (please print): _____
First Last

Date of Birth: ____/____/____ County: _____
Month Day Year

Special Olympics offers certain non-invasive health care services to athletes at local, state, national, and World Games venues through the Healthy Athletes Program. These services may include individual exams of health status and healthcare needs, provision of health education, routine preventive services (e.g., protective mouth guards), educational services, and, in the case of vision and hearing deficits, provision of needed eyewear (glasses, swim goggles, protective eyewear) and hearing aids. Athletes are informed as to their health status and advised of the need for follow-up care. In addition, information collected at the time services are provided has been invaluable for developing policies, securing resources, and implementing programs to better meet the health needs of athletes. Special Olympics has my permission, (both during and anytime after), to use my (or my minor child's) likeness, name, voice or words in either television, radio, film, newspapers, magazines, and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Special Olympics and/or soliciting funds, directly or in conjunction with an approved third party, to support these purposes and activities.

Adult Athlete:

I understand that by signing below, I consent to participate in the Special Olympics Healthy Athletes program that provides individual exams of health status and healthcare needs in the areas of: vision, oral health, hearing, physical therapy, and a variety of health promotion areas (height, weight, sun protection, etc.). I understand there is no obligation for me to participate in the Healthy Athletes Program should I decide not to participate. Provision of these health services is not intended as a substitute for regular care. I also understand that I should seek my own independent medical advice and assistance, irrespective of the provisions of these services and that Special Olympics is not through the provision of these provisions responsible for my health. I understand that information that is gathered as part of the exam process may be used in group form (anonymously) to assess and communicate the overall health needs of athletes and to develop programs to address those needs.

Signature of Adult Athlete

Date

OR

Parent/Guardian of Minor Athlete:

I understand that by signing below, I consent to the above athlete's participation in the Special Olympics Healthy Athletes program that provides individual exams of health status and healthcare needs in the areas of: vision, oral health, hearing, physical therapy, and a variety of health promotion areas (height, weight, sun protection, etc.). I understand there is no obligation for the athlete named above to participate in the Healthy Athletes Program should the athlete decide not to participate or should I decide the athlete shall not participate. Provision of these health services is not intended as a substitute for regular care. I also understand that I should seek my own independent medical advice and assistance irrespective of the provisions of these services for the athlete named above and that Special Olympics is not through the provision of these provisions responsible for the health of the athlete named above. I understand that information that is gathered as part of the exam process may be used in group form (anonymously) to assess and communicate the overall health needs of athletes and to develop programs to address those needs.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

NOTE: This authorization shall remain effective unless the consenting party requests termination or the scope of the Healthy Athletes program changes materially.