



## Healthy Athlete Participation Consent Form

Special Olympics offers certain non-invasive health care services to athletes at local, state, national and World Games venues through the Special Olympics Healthy Athletes® program. These services may include individual screening assessments of health status and health care 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.

I understand that by signing below I consent to participate in the Special Olympics Healthy Athletes program that provides individual screening assessments of health status and health-care 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 screening 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.

Authorization for Minors: I understand that by signing below I consent to \_\_\_\_\_ (athlete's full name) participation in the Special Olympics Healthy Athletes program that provides individual screening assessments of health status and health-care 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 screening process may be used in group form (anonymously) to access and communicate the overall health of athletes and to develop programs to address those needs.

\_\_\_\_\_  
Athlete's Printed Name

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Parent or Guardian Signature (for athletes 17 years old and under)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athlete Signature (for athletes 18 years old or older)

\_\_\_\_\_  
Date