



Healthy Athletes at Summer Games 2017

Free Dental, Eye and Fitness Screenings for Special Olympics Athletes & Unified Partners. Healthy Athletes is designed to help Special Olympics athletes improve their health and fitness, leading to enhanced sports experience and improved well-being.

Saturday, May 20th; 9:00AM to 12:00 pm

Opening Eyes and Special Smiles: in the Small Gym at Laramie High School

****Please fill out the consent form on the reverse side of this page.*

This signed form must be presented at the Healthy Athletes program prior to being seen.

Opening Eyes

Clinician: Sue Lowe

Objectives of Opening Eyes includes providing screenings to Special Olympics athletes educating athletes, parents and coaches about the importance of regular eye care; educating and changing attitudes of eye care professionals about the vision care needs of persons with mental retardation worldwide; and increasing knowledge of visual and eye health needs of persons with mental retardation through research. Arrangements can be made to provide glasses, contacts and goggles for Special Olympics Athletes screened at Summer Games.

Special Smiles

Clinician: Lynette Weber

Healthy Athletes Special Smiles is one of the core components of the Special Olympics Healthy Athletes initiative, created to focus attention on the overall health issues facing Special Olympics athletes. The mission of Special Smiles is to increase access to dental care for Special Olympics athletes, as well as all people with intellectual disabilities. The athletes also are provided with a list of dentists/clinics in their area that will treat patients with special needs, should they have difficulty finding a dentist. At most locations, free mouth guards are provided for athletes competing in contact or high-risk sports.

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 services 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 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 services 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 assess and communicate the overall health needs of athletes and to develop programs to address those needs.

Parent or Guardian (if athlete is under 18 years old)

Date

Athlete (if 18 years old or older)

Special Olympics Program