

Refusal Of Treatment - Release of Liability

for _____

(NAME OF DEPARTMENT)

PATIENT NAME _____ INCIDENT LOCATION _____

PT ADDRESS _____ DATE OF RUN _____

_____ RUN NUMBER _____

D.O.B. _____ S.S. # _____ TIME OF CALL _____ ENROUTE _____

VTS: TIME: _____ B/P _____ Pulse _____ Resp _____ ON SCENE _____ CLEAR _____

CHIEF COMPLAINT (IF APPLICABLE) _____

HISTORY OF CHIEF COMPLAINT _____

ASSESSMENT AND OBSERVATIONS _____

PAST MEDICAL HISTORY _____

CURRENT MEDICATIONS _____

ALLERGIES _____

The undersigned has been offered and does hereby refuse treatment and/or transportation for himself, herself, or party for which the undersigned is legally responsible, by department listed above on the date written. In signing this refusal I hereby acknowledge the fact that I am aware of the potential dangers of refusing such treatment or transportation, and have made this decision based on that knowledge. Intending to be legally bound, I further agree, for myself, my heirs, and executors and assigns, to forever covenant not to sue and to hold harmless the above named agency, its owners and their heirs, executors, administrators, and assigns and successors, and its employees and their heirs, executors, administrators, township and trustees, and assigns and successors, from any liability whatsoever for my physical and mental condition as of this date and from this date forward.

I have read this release and refusal form and I understand that by my signing it I will give up all my legal rights as against the department named above its owners and their heirs, executors, administrators, township and trustees, and assigns and successors, and its employees and their heirs, executors, administrators, and assigns and successors. I acknowledge that I have been advised of the above named department's notice of privacy practices.

REFUSED TO SIGN / WITNESSED BY _____ / _____

CREW _____ / _____

SIGNED BY RESPONSIBLE PARTY _____ DATE _____

ADDRESS _____