

# PATIENT REFUSAL INFORMATION SHEET

## Please Read and Keep This Form!

This form has been given to you because you have refused treatment and/or transport by the Emergency Medical Service. Your health and safety are our primary concern. Even though you have decided not to accept our advice, please remember the following:

1. The evaluation and/or treatment provided to you by the rescue squad is not a substitute for medical evaluation and treatment by a doctor. We advise you to get medical evaluation and treatment.
2. Your condition may not seem as bad to you as it actually is. Without treatment, further harm or death could result. If you are planning to get medical treatment, a decision to refuse treatment or transport by the EMS may result in a delay, which could make your condition or problem worse, including death.
3. Medical evaluation and/or treatment may be obtained by calling your doctor, if you have one, or by going to any hospital Emergency Department in this area, all of which are staffed 24-hours a day by Emergency Physicians. You may be seen at these Emergency Departments without an appointment.
4. If you change your mind or your condition becomes worse and you decide to accept treatment and transport by the Emergency Medical Service, please do not hesitate to call us back, by dialing 911. We will do our best to help you.
5. Don't wait! When medical treatment is needed, it's usually better to get it right away.

*I (or patient's POA or Legal Guardian) have been informed regarding the state of my/patient's present physical condition and hereby refuse to accept such medical care and/or transportation as recommended by the representatives of the EMS system. I do hereby for myself or the patient's POA or Legal guardian, my heirs, executors, and administrators and assigns forever release and fully discharge said EMS system, its officers, employees, medical consultants, hospitals, borrowed servants or agents from my and all conceivable liability that might arise from this refusal of care and /or transportation, and I therefore agree to hold them completely harmless. As a competent adult or POA or Legal Guardian of the patient, I fully understand all of the above, and am/is capable of determining a rational decision on my own behalf, or as the patient's POA or Legal Guardian.*

Initials \_\_\_\_\_ Refused all EMS services.

Initials \_\_\_\_\_ Refused Transport, accepted field treatment.

Initials \_\_\_\_\_ Refused field treatment, accepted transport.

Patient's Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness's Signature: \_\_\_\_\_ Date: \_\_\_\_\_