REFUSAL OF MEDICAL ATTENTION RELEASE FORM

I am competent, of sound mind and judgment to make the decision to refusing medical attention at my own will and against the medical advice of the EMS personnel. I have been advised of the potential dangers involved with my decision to refuse care at this time. I hereby release all EMS staff of any responsibilities for any ill effects brought about by my failure to be treated and/or transported to the hospital. I understand that my health and safety is of the primary concern of EMS and it's staff. By signing this form, I am still able to change my mind and accept treatment and/or transport by EMS. Should my condition worsen I can call 9 -1 -1 and receive treatment and/or transport at any time.

Date:_____

Patient Name:_____
Provider Name:_____
Translator Name:_____
Witness Name:_____

Patient Signature:_____
Provider Signature:_____
Translator Signature:_____
Witness Signature:_____

NARRATIVE (CONT)