



REFUSAL OF TREATMENT AND TRANSPORT GAME & PRACTICE FIELD USE

Field Location: _____

Chief Complaint: _____

Patient Name: _____

Address: _____

City: _____ State: _____ Zip _____

DOB: _____ Age: _____ Gender: M F

Patient MUST be:

- 18 years of age or older (if under 18, parent/responsible adult must sign or provide telephone sign off)
- Alert and Oriented X 3 (person, place & time)
- Advised of risks of refusing care
- Free of any medical condition or injury that has altered their decision-making ability
- Verbalizes understanding of statement below

Provider initials: _____

I hereby voluntarily acknowledge and state that I have been advised regarding my present medical condition and I hereby voluntarily refuse, on behalf of myself or my children (if any), to receive or accept such medical care an/or transportation as recommended by EMT'S representing CCYFL or other EMS service, its officers, employees, volunteers, medical consultants, hospitals, servants, or agents from any liability in the premise and I agree to hold them harmless.

PRINT Name of Patient or Parent/Responsible Adult

Signature of Patient or Parent

Date

Signature of Witness (Non-Service)

Date