

PATIENT WAIVER OF LIABILITY AND/OR REFUSAL OF CARE:

I (or patient's POA or Legal Guardian) have been informed regarding the state of my/patient's present physical condition to the extent I allowed an examination, and I hereby refuse to accept such medical care and/or transportation as recommended by representatives of the EMS System below. 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. I have been informed that a refusal of care and/or transportation for an evaluation may cause me (patient) to suffer pain, disability, loss of function, worsening of my condition, or even death as a result of my (patient's) illness/injury. 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.

Patient's Name: _____ Date of Birth: _____

Name of EMS Agency: _____

Date/Time of Refusal: _____

Signature of Patient Refusing Care (or POA or Legal Guardian):

Printed Name: _____ Relationship: _____

Witness Signature & Title: _____

Witness Signature & Title: _____