

MADISON COUNTY EMS

PATIENT NAME: _____ DATE: _____

ADDRESS: _____ D.O.B: _____

This form is being provided to me because I have: (check all that apply)

___ REFUSED ASSESSMENT ___ REFUSED TREATMENT

___ REFUSED TRANSPORT

I understand that the ambulance personnel are not doctors and that they do not and have not made a diagnosis of the Patient's condition. Although the Patient may feel fine now, I know the Patient may have a serious injury or illness which could get worse without medical attention.

I understand that the Patient may change his / her mind and call 9-1-1 if treatment or assistance is needed later. I also understand that treatment is available at the hospital emergency room 24 hours a day or from the Patient's physician.

The ambulance crew has explained this advice to me and I have read this form completely and understand it. On behalf of myself and the Patient (if the Patient is not me) I release and hold harmless Madison County EMS and its officers, members, employees or other agents, and its physician director from any and all claims, actions, causes of action, damages, or legal liabilities of any kind arising out of my decision, or from any act or omission of Madison County EMS or its crew, or its physician director.

I acknowledge that I have received a copy of Madison County EMS' Notice of Privacy Practices.

Signature of: ___ Patient ___ Parent ___ Legal Guardian Date _____

Witness Signature

IF PATIENT REFUSES TO SIGN: I attest that the patient has refused care and/or transportation by Madison County EMS. The patient was informed of the risks of this refusal and refused to sign the form when asked by the EMS providers.

Witness Signature

Print Name