

Morris Hospital EMS SYSTEM RELEASE OF LIABILITY **AND REFUSAL OF MEDICAL CARE**

EMS Agency:	Date:
Incident location:	EMS Incident #:
Name:	Home address:
Last First MI	
Date of birth: Gender: [] Male [] Female	Phone number: ()

I voluntarily acknowledge that I have been advised regarding the state of my present physical condition to the extent I allowed an examination, and I hereby voluntarily refuse to accept such medical care and/or transportation as recommended by representatives of the EMS System listed above; and I do hereby for myself, 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 any and all conceivable liability that might arise from my voluntary refusal of care and/or transportation, and I therefore agree to hold them completely harmless.

I acknowledge that I have been informed that if I refuse transportation for an evaluation that I may suffer pain, disability

<u>ITIALS</u>	STATEMENTS	
	I am not ill or injured and am refusing EMS services and transportation to a hospital	l.
	I have been informed that from the history of my complaints, the mechanism of injexam, that I should receive emergency care and transportation to the nearest hosp by an emergency physician.	
	Having received emergency care, I am refusing further aid or transportation to a hos	spital.
	I have been instructed to contact a personal physician for an examination and/or treaty any way.	eatment if my condition changes in
	The EMS System has recommended transport to:	
	I am refusing transportation to that hospital and am requesting transportation to:	
	I have been informed of the jurisdictional limitations of the responding EMS vehicl transportation by:	ele(s) and am accepting alternative
	I am aware that the responsibility for any charges incurred is mine.	
	I am refusing the following medical treatments: IV / Cardiac Monitor / Immob Medications:	oilization / BLS, ILS, ALS Care
NT NAME o	of PERSON SIGNING REFUSAL	Patient/guardian signature
REFUSAL	AL TO SIGN RELEASE STATEMENT and/or ACKNOWLEDGEMENT OF RECEIPT OF NOT	ICE OF PRIVACY PRACTICES
sign	e above patient was given full disclosure of risks relative to refusing care and/or transporn the Release of Liability Statement. The patient or person authorized to give or withhold refuse treatment and/or transportation and also refused to sign the Release of Liability stat	I consent for the patient, continued
] The	e above patient refused to initial/sign the Acknowledgement of Receipt of Notice of Privacy	y Practices
	EMS Signatures	

Original 05/01/2010 Revised 03/03/2011

Witness (Signature EMT-B, EMT-P, or PHRN)

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