



## 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