SOUTHERN FOX VALLEY EMS SYSTEM
RELEASE FROM MEDICAL RESPONSIBILITY

EMS AGENCY:	DATE:
INCIDENT LOCATION:	EMS INCIDENT #:
NAME: LAST- FIRST: MI:	HOME ADDRESS:
DATE OF BIRTH: AGE: SEX: ( ) MALE ( ) FEMALE	PHONE NUMBER: ( )

Medical Hx:	Medications:	Allergies:

B/P:	Pulse:	Respirations:	Dexi:	SpO2

I, _____, hereby release the EMS System, it's physicians, nurses and employees, and the ambulance personnel and their employers, of any further responsibility and acknowledge that I have been advised by the ambulance personnel as follows (whichever applies): (Patient, guardian or MD to initial the appropriate box.)

_____ I should have emergency treatment or assessment, which I am refusing.

_____ Having received emergency medical treatment or assessment, I am refusing further aid and/ or transport to a medical facility.

_____ I have been advised that I should receive the following treatment that I am refusing;
[ ] C-collar [ ] Back Board [ ] IV [ ] Medication
[ ] Other (specify)_____

_____ The communicating hospital has recommended transport to _____ Hospital and I refuse this, requesting transfer to _____ Hospital.

_____ MD ONLY: I assume full responsibility for the condition and care of this patient during this ambulance call and I will accompany the patient to the medical facility.

_____ Acknowledge receipt of the privacy statement.

_____ _____
Signature of __Patient, __ MD, __ Person who is authorized to consent for the patient — Date

_____ _____
Signee's address — Ambulance Personnel Signature

_____ _____
Witness Signature — Address of Witness

REFUSAL TO SIGN RELEASE STATEMENT

The above patient was given full disclosure of risks relative to refusing care and/or transportation, and was asked to read and sign the Release of Medical Responsibility Statement. The patient, or person authorized to give or withhold consent for the patient, continued to refuse treatment and/or transportation, and also refused to sign the Release of Medical Responsibility statement.
Witness_____ ( ) PD ( ) FD ( ) Other _____