



Ph: 715-889-4491

**ACTION SPORTS EMS**  
Great Lakes E.M.S.

Today's Date: \_\_\_\_\_

Incident Location: \_\_\_\_\_

## ***Refusal of Treatment and or Transport***

Patient Information:    Minor?            No            Yes  Complete guardian section

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Patient Guardian Information:                      Photo ID may be required for patient release.

Guardian Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Phone: \_\_\_\_\_

Guardian Social Security or ID # \_\_\_\_\_

Terms of release:    I have chosen to:            **Refuse Transport**            **Refuse Treatment**

I understand that the EMS personnel are not physicians and are not qualified or authorized to make a diagnosis and that their care is not a substitute for that of a physician. I recognize that I may have a serious injury or illness which could get worse without medical attention even though I (or the patient on whose behalf I legally sign this document) may feel fine at the present time. I understand that I may change my mind and call 9-1-1 if treatment or assistance is needed later. I also understand that treatment is available at an emergency department 24 hours a day or from my physician. If I have insisted on being transported to a destination other than that recommended by the EMS personnel, I understand and have been informed that there may be a significant delay in receiving care at the emergency room, that the emergency room may lack the staff, equipment, beds or resources to care for me promptly, and/or that I might not be able to be admitted to that hospital. I acknowledge that this advice has been explained to me by the ambulance crew and that I have read this form completely and understand its provisions. I agree, on my own behalf (and on behalf of the patient for whom I legally sign this document), to release, indemnify and hold harmless Great Lakes EMS and its employees, owners, or other agents, and the medical command physician and medical command facility, 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 the ambulance service or its crew, or the medical command physician or medical command facility. I also acknowledge receipt of the ambulance service's notice of privacy practices

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

EMT / Witness Signature \_\_\_\_\_ Date \_\_\_\_\_