

AGAINST MEDICAL ADVICE

RELEASE

I, _____, acknowledge that on _____
Name Run Report Number

_____/_____/_____
Date EMT-Paramedic Cert # Service Provider Agency

explained my condition to me and advised me of some of the potential risks and/or complications which could or would arise from refusal of medical care. I have also been advised that other unknown risks and/or complications are possible. Being aware that there are know and unknown potential risks and/or complications, it is still my desire to refuse the advised medical care.

I do hereby release _____

Service Provider Agency

its agents, employees, base hospital, base hospital physician(s) and mobile intensive care nurse(s) from all liability resulting from any adverse medical condition(s) caused by my refusal of the recommended medical care.

am/pm Signature of Patient/Parent/Legal Guardian Date

First Witness Second Witness

If witness acted as translator, check here _____

Name of Translator

REFUSAL TO SIGN RELEASE

On _____, _____ did:
Date Patient/Responsible Party

- refuse advised medical care.
- refuse to sign the above **RELEASE**.

First Witness Second Witness

RISK OF REFUSING MEDICAL CARE

In addition to various unknown risks and/or complications, some of the potential risks and/or complications are:
