☐ Driver
☐ Passenger

DR # _____

RELEASE FROM RESPONSIBILTY

PRE-HOSPITAL CARE/BASE HOSPITAL
REFUSAL TO PERMIT ASSESSMENT, TREATMENT AND/OR TRANSPORTATION

Date: _____ Time: _____

I, _____ , whose signature appears below, do hereby refuse ☐ Assessment ☐ Treatment, and/or ☐ Transportation, as recommended to me by the Pre-Hospital Care personnel who were under contract with _____ to provide medical control and direction for pre-hospital care. Nevertheless, I assume all risk and consequences of my decision and hereby release, The Base Hospital, its personnel, the attending physician, the Pre-Hospital Care personnel and all others severally and individually, participating in the pre-hospital patient's care from any responsibility for my unwillingness to follow the recommended treatment program and/or transportation to a hospital facility. My release encompasses any and all liability of any nature for whatever injury, harm or complication of any kind that may result, whether directly or indirectly, by reason of my refusal.

I acknowledge that I have been advised of the following:

- ☐ The nature of my injuries
- ☐ Potential risks, consequences and complications of delaying treatment
- ☐ Availability of transportation

_____
Patient Signature

_____ _____
Witness Date Patient's Husband or Wife

When patient is a minor or incompetent to give consent:

_____ _____
Witness Date Person authorized to give consent

_____
Relationship to patient

_____
Patient Address City State Zip Phone

Time: A/Ox / P- R-

Time: A/Ox / P- R-

Revised: 11/2012