RELEASE OF LIABILITY

To be read to the person refusing treatment.

Silver Cross EMS System, Silver Cross Hospital and myself are advising you that you should receive medical treatment, which you are refusing. By refusing the medical treatment, your condition could worsen and result in serious illness, injury, or death. Do you still wish to refuse medical treatment?

I, _____, hereby release the Silver Cross EMS System, Silver Cross Hospital, its physicians, nurses and any and all ambulance personnel and their employers of any responsibility and/or liability. I acknowledge that I have been informed regarding the risks I assume in making this decision voluntarily, and have been advised by the ambulance personnel as follows (use whichever applies): (Patient, Guardian, or M.D. to initial on the appropriate line.)

Initial	Statement
_____	I am not injured and do not wish to receive medical services, treatment, or transportation to a hospital.
_____	I have been advised that I should receive emergency care and transportation, which I am refusing.
_____	I am refusing ALS/ILS/BLS care, and wish only to be transported to a hospital.
_____	Having received emergency care, I am refusing further aid or transportation to a hospital.
_____	The EMS hospital has recommended transport to _____ Hospital. I refuse this and request transport to _____ Hospital.
_____	Physician ONLY – I assume full responsibility for the medical care of this patient during this ambulance call, and I will accompany the patient to the hospital. I understand that if I do not accompany this patient to the hospital, the ambulance personnel are obligated to render emergency care under the direction of their EMS Medical Director or his/her designee.
_____	Other:_____

_____ _____

Signature of: ☐Patient, ☐MD/DO, ☐Guardian(Relationship:_____) *Date*

_____

Signees Address

_____ _____

EMT-B,EMT-I,Paramedic,PHRN Signature *Witness Signature*

REFUSAL TO SIGN RELEASE STATEMENT

Date:_____ Incident #_____ Patient Name:_____

The above patient was informed regarding the risks of refusing care or transportation, and was asked to read and sign the release of liability statement. The patient, or the person authorized to give or withhold consent for the patient, continued to refuse treatment or transportation; and refused to sign the release statement.

_____ _____

EMT-B/I/P/PHRN Signature *Witness (EMT-B/I/P/PHRN)*

_____

Witness (Police Officer, If Available)