

**Wood River Rescue**  
**Medical Release**  
**Refusal of Evaluation, Treatment and/or Transportation**

**Release of Liability**

**“I hereby acknowledge that I have been advised that evaluation, treatment and /or transportation is necessary for my condition.**

**I have also been informed of the potential risk involved if I do not comply with this advice.**

**I hereby state my refusal to follow the advice given me by emergency medical personnel and refuse further evaluation, treatment and/or transportation to a medical facility.**

**I, by the above statements, absolve and hold harmless of any responsibility all emergency services personnel, and their agents, from any ill effects which may result from my actions.”**

PLEASE PRINT (except for signatures):

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

Type of Treatment: \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Witness for Refusal**

**The patient and/or their guardian, named above has refused the medical services as indicated and refused to sign this form acknowledging his/her act. Signing this form I hereby attest to these facts and the accuracy of the information herein.**

Witness Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

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EMS Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_