

**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 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 all 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: \_\_\_\_\_

**Witness of 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: \_\_\_\_\_

Incident Details		Vitals		Run Times		Odometer	
Date		B/P		Received			
Address		Pulse		Dispatched			
City/State		Resp.		Enroute			
Zip		O2 Sat		At Scene			
				Left Scene			
<b>Patient Information</b>				At Destination			
Name				In Service			
Address				At Station			
City/State				Unit Cancelled			
Zip							
<b>Narrative</b>							
<b>Responders</b>				<b>Insurance</b>			
Driver							
Primary							
Secondary							
Third							
Other							