

Refusal of Aid

Department	Date and Time of Incident	Patient's Name	Location of Incident

SECTION 1: MEDICAL DECISIONMAKING (Must be completed by medical provider)

1.	Patient is at least 18 years old, is an emancipated minor, or a parent or legal guardian is present and able to make decisions for the minor	Yes	No
2.	Patient or parent/guardian is conscious, alert and able to communicate; and is oriented to person, place and time	Yes	No
3.	Patient or parent/guardian understands the current situation and possible consequences, and is able to weigh the risk/benefits of the accepting or declining treatment and/or transport	Yes	No
4.	Patient or parent/guardian is able to rationally process the information provided and make an informed decision	Yes	No
5.	Patient or parent/guardian has no known or suspected head trauma, altered mental status, hypoxia, dementia, mental illness, or medical condition affecting decisionmaking	Yes	No
6.	Patient or parent/guardian is not physically or cognitively impaired by drugs or alcohol, and shows no evidence of self-inflicted harm or suicidal behavior	Yes	No

If NO is checked for any of the questions and the patient is refusing treatment and/or transport, the patient may lack the legal competency to refuse aid. Contact medical control and/or law enforcement for assistance.

SECTION 2: ASSESSMENT TREATMENT REFUSED (Completed by medical provider)

- Patient is deemed competent, refuses all care and transport
- Patient is deemed competent, accepts the following care but declines transport _____
- Patient is deemed competent, refuses the following care but accepts transport _____

SECTION 3: WARNINGS GIVEN TO PATIENT, PARENT OR GUARDIAN

- Fire department personnel believe you require treatment and transportation to a hospital without which your condition may become worse creating the possibility of a significant permanent disability or death due to your refusal.
 - If you are planning to get medical treatment, refusing treatment or transport now may result in a delay of care that could worsen your condition. Transportation by other means could be hazardous and is not recommended.
 - It is our advice that you obtain medical evaluation and/or treatment. If you refuse to be transported by us, you may obtain help by going to any hospital Emergency Department in this area, or by calling your doctor if you have one.
 - If you change your mind about declining our offer of assistance or your condition becomes worse, do not hesitate to call 911.
- List any specific concerns or warnings _____

The undersigned hereby certify that I (we) refuse recommended treatment and/or transportation to the closest appropriate hospital emergency department for myself minor less than 18 or Other : _____. I (we) having been so advised by fire department personnel that treatment or transportation is recommended, hereby accept all responsibility connected with me (our) refusal, assume the risks and consequences of said refusal, and release the fire department, their employees, medical personnel, administrative and executive officers from any and all liability or claims for any damage, injury, sickness, disease, disability, costs, expenses or death resulting in whole or in part from my refusal of treatment and/or transportation. I understand that this is a release of liability which is binding upon myself, my heirs, executors, administrators, personal representatives, and anyone else who might make a claim through or under me.

SIGNATURE	PRINTED NAME	DATE
Patient or Representative		
Witness		
EMT/PARAMEDIC		