

Presence Saint Joseph Hospital EMS System Multiple Individual Release Form

EMS Agency	EMS Incident #:	Date:

The following Individuals state that they have no significant injury or complaint, and are refusing EMS services including transportation to a hospital.

Name	Address	DOB	Sex	Signature	Relationship Parent / POA

All of the individuals listed above were awake, alert and oriented, understood and responded appropriately to questions.

Witness (Signature Pre-hospital Provider)

Witness (Signature Paramedic In Charge)

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