

Presence Saint Joseph Hospital EMS System AMA and Release Form

EMS Agency:	Date:
EMS Incident #:	Patient Name:
Incident Location:	Home Address:
Sex: Male [] Female [] Date of Birth	Phone Number: ()

AGAINST MEDICAL ADVICE

I voluntarily acknowledge that I have been advised regarding the state of my present physical condition to the extent I allowed an examination and care, and hereby voluntarily refuse to accept further such medical care and/or transportation as recommended by representative of the EMS System listed above; and I do hereby for myself, my heirs, executors, and consultants, hospitals, borrowed servants or agents from any and all conceivable liability that might arise from my voluntary refusal of care and /or transportation.

I acknowledge that I have been informed and advised by the EMS personnel that from the history of my complaints, the mechanism of injury and/or the findings of the physical exam that I should receive emergency care and transportation to the nearest hospital. I have also been informed that if I refuse transportation for an evaluation I may suffer pain, disability, loss of function, worsening of my condition or even death as a result of my illness/injury. I have been further instructed to be seen by a physician immediately for an examination and treatment, and if my condition changes in any way.

Patient / Guardian Signature

ALTERNATIVE DESTINATION / TRANSPORTATION

The EMS System has recommended transport to _____ I am refusing transportation to that hospital and am requesting transportation to _____ and I am aware and accept the risks of a longer transport. I have been informed of the jurisdictional limitations of responding EMS vehicle (s) and I am accepting alternative transport by: _____ I am aware that the responsibilities for any charges incurred are mine.

Patient / Guardian Signature

RELEASE STATEMENT

I declare that I am not ill or injured and have no medical complaints. I am refusing EMS medical services and refusing transportation to a hospital. I also agree that both I and the EMS providers witnessed no significant mechanism or injury nor received any information from myself or others regarding any significant complaint, injury or occurrence.

Patient / Guardian Signature

REFUSAL TO SIGN

The above individual was duly informed of the risks relative to refusing care and transportation and was asked to read and sign this Form. The individual or person authorized to give or withhold consent for the individual continued to refuse treatment and / or transportation and also refused to sign this form.

This individual was awake, alert and oriented, understood and responded appropriately to questions.

 EMS Provider

 Witness (Signature Police or Prehospital Provider)

 Witness (Signature of Paramedic in Charge)