

Patient Refusal Form

Elroy Area Ambulance Service
 Camp Douglas Rescue, Inc.
 Mauston Area Ambulance Assn, Inc.
 Necedah Volunteer Fire Dept, Inc.
Armenia First Responders

Wonewoc Fire and Ambulance Assn.
 Volk Field Fire Department
 Lyndon Station Fire/Rescue
 New Lisbon First Responders, Inc.

-- \ INFORMED CONSENT TO REFUSE:

- () EXAMINATION AND TREATMENT
() TRANSPORT TO EMERGENCY DEPARTMENT

I understand that the Ambulance Service has offered:

- To examine me (the patient) to determine whether I am suffering from an emergency medical condition.
 To provide necessary basic treatment to help stabilize my condition.
 To provide a medically appropriate transport to an emergency department. /

The Emergency Medical Technicians have informed me that the benefits that might reasonably be expected from the offered services are:

and the risks of declining the offered services are:

I understand that if I refuse the offered services, I am doing so against medical advice. I understand that my refusal may result in a worsening of my condition and could pose a threat to my life, health, and medical safety, up to and including my death.

I hereby refuse the offered services. I understand that if I change my mind, I can call for assistance and be treated without prejudice.

I also acknowledge that I have received a copy of the indicated service's "Notice of Privacy Practices". A copy of this form is as valid as the original.

Signature: _____ Date of Birth: __ / __ / _____

Parent or Guardian: _____ Time: _____
(if applicable) - - - - -

Printed Name: _____

Address: _____

City/State/Zip: _____

Witness: _____ (family member if available)

Witness/Agency: _____ (EMS or Law Enforcement Official)