

Southern Illinois Regional EMS System

A-6.4 REFUSAL SIGNATURE FORM

I acknowledge the ambulance crew encouraged me to accept medical treatment and/or transport to the nearest hospital's Emergency Department. I acknowledge that I am making an informed decision against medical advice given by the ambulance crew and the EMS Medical Director or designee. I acknowledge that I have read the PATIENT REFUSAL INFORMATION SHEET and understand its provisions. I agree, on my own behalf (and on behalf of the patient for whom I legally sign this document), to release, indemnify, and hold harmless the ambulance service and its officers, members, employees, or other agents, and the EMS System, EMS Medical Director, and representatives, from any and all claims, actions, causes of action, damages, or legal liabilities of any kind arising out of my decision or from any act or omission of the ambulance service, its crew members, or the EMS System, EMS Medical Director, and representatives.

Signature _____ Date _____

Printed Name _____

Witness Signature _____ Date _____

Printed Name _____