

Southern Illinois Regional EMS System

A-15.1 TRANSPORT/BYPASS RELEASE OF RESPONSIBILITY FORM

This document is verification that I have been advised by the EMS crew and a physician, based on my medical condition, that I be transported to the nearest, most appropriate hospital emergency department. I am refusing to be transported to the nearest, most appropriate hospital emergency department, as determined by Medical Control, and requested transport to a more distant hospital or hospital of my choice. I acknowledge that I have been informed of the risks of a more distant transport and in doing so, take responsibility for my own actions. I understand that my condition may worsen anytime during transport to a more distant hospital and I may face the possibility of death. I hereby release the Southern Illinois Regional EMS System under Southern Illinois Healthcare and _____ Ambulance Service from any and all liability or ill effect that may result from my request to be transported to a more distant hospital.

Date/Time: _____

Signature of Patient or Surrogate: _____

Signature of Witness: _____

Signature of Witness: _____

The patient is the only person who can make this decision with the exception of parents of a minor child. Family members, legal power of attorneys for health care, and court appointed guardians must present documentation to support surrogate decision making abilities on the patient's behalf.