Genesee County Medical Control Authority
EMS Liability Release Form

Date_____ Location_____ Agency_____ Run #_____

Call Time: _____ Scene Time: _____ Start Mileage: _____ Scene Mileage: _____

Refusal Criteria Age_____ ☐ Alert/Oriented ☐ Clear Judgment

(The above three criteria should be completed for all patients and non-patients)

☐ No Observed Suicidal Tendencies ☐ No Observed Psychotic Behavior ☐ Vital Signs Within Normal Limits

☐ Appropriate Neurological Exam ☐ Understands Risks Associated with Refusal of Care

All BOXES MUST BE CHECKED WHEN OBTAINING A PATIENT REFUSAL. ANY EXCEPTION TO THE ABOVE MUST BE DOCUMENTED IN DETAIL IN THE NARRATIVE OF THE RUN RECORD

Refusal of EMS care and transport against medical advice

I have been assessed and/or treated for illness or injuries by EMS. I have been advised I have at least one potentially serious illness or injury, which needs further treatment. I understand that failure to treat this illness or injury may lead to disability or death. I **REFUSE** further treatment by EMS, as well as transport by EMS to the hospital of my choice, in accordance with EMS protocols and/or medical direction. I also understand that signing this refusal does not preclude me from later obtaining medical care on my own, and/or requesting another EMS response.

My initials here indicate that this section applies to me _____

Assessment and/or treatment without EMS transport

I have been assessed and/or treatment for illness or injury by EMS. I have been advised and understand I may need further assessment and treatment by a physician. I have also been advised of possible signs and symptoms that my condition may be changing. I **REFUSE** further treatment and transport by EMS, to the hospital of my choice in accordance with EMS protocols and/or medical direction. I also understand that signing this refusal does not preclude me from later obtaining medical care on my own, and/or requesting another EMS response.

My initials here indicate that this section applies to me _____

Juvenile/Incompetent patient

_____ has been assessed and/or treated for illness or injuries by EMS. As his/her parent/guardian/P.O.A. (circle), I have been advised and understand he/she may need further assessment and treatment by a physician. I **REFUSE** further treatment of him/her by EMS as well as transport by EMS of him/her to the hospital of my choice, in accordance with EMS protocols and/or medical direction. I also understand that signing this refusal does not preclude me from later obtaining medical care for him/her and/or requesting another EMS response.

My initials here indicate that this section applies to me _____

Non-patient

EMS has met with me, and I have told them I have no medical complaint, illness, or injury. I do not consider myself to be a patient. I have been advised and understand I may need further assessment and treatment by a physician. I **REFUSE** treatment, as well as transport by EMS to the hospital, consistent with EMS protocols and/or medical direction. I also understand that signing this refusal does not preclude me from later obtaining medical care on my own, and/or requesting another EMS response.

My initials here indicate that this section applies to me _____

Acceptance of responsibility and release of EMS (REQUIRED FOR ALL SECTIONS)

I understand that EMS has made a good faith determination that I am alert, oriented, and able to make decisions for my ward or myself. I have read, or have had read to me, the section(s) I have initialed above. My EMS assessment and my treatment options were explained to me and I understand them. I have no further questions of EMS at this time. I now knowingly and voluntarily release all individuals, organizations, and entities participating in and under the Genesee County Medical Control Authority from any liability for any and all claims arising from my decisions regarding my or my ward's healthcare.

Name_____ DOB _____

Translator/Parent/Guardian Name_____

Signature_____ Date_____

Witness Signature_____ Date_____

Driver_____ EMT _____ Paramedic _____ Recorded By _____