

TCESD #1 Multiple Patient Refusal of Emergency Medical Treatment and/or Transport

Date:	Run Number:	Location:
	/	/
Print Name	Address	D.O.B
	/	/
Signature	Relationship	Today's Date
	/	/
Print Name	Address	D.O.B
	/	/
Signature	Relationship	Today's Date
	/	/
Print Name	Address	D.O.B
	/	/
Signature	Relationship	Today's Date
	/	/
Print Name	Address	D.O.B
	/	/
Signature	Relationship	Today's Date
	/	/
Print Name	Address	D.O.B
	/	/
Signature	Relationship	Today's Date

Statement of Refusal / To be completed by patient or patient representative

By signing this document, I (we), acknowledge having been advised by the Emergency Medical Service (EMS) Providers that described treatment(s) and/or transportation is recommended and that significant risk(s) could be involved with refusal of EMS treatment and/or transportation, including but not limited to; exacerbation of present complaint / condition / injury, or the possibility of significant disability and/or death occurring from refusal of emergency medical care or transportation.

By signing this document, I (we), hereby certify that I (we) refuse recommended examination or treatment and/or ambulance / air transport to the closest appropriate hospital emergency department. I (we) hereby accept all responsibility connected with this refusal and release TCESD #1, their respective officials, employees and first responders, and Medical Director, from any and all liability or claims resulting from any such refusal of advised examination, care and/or transportation.

I understand that I should immediately contact the EMS system via 911 (or appropriate emergency number if no 911 system is available), my personal physician, or emergency department physician should further medical care be required.

Signature on this document acknowledges receipt of the Patient Privacy Notice

Witness Signatures	Section 1 required for all Refusals / Section 1 and 2 required for patients deemed competent but refusing to sign form		
Section 1			
	Witness - Signature (Must be of legal age)	Witness - Print	Date
Section 2			
	Responder Signature	Responder - Print	Date