

SAMPLE RELEASE OF MEDICAL ASSISTANCE

1. I (or my guardian) have been informed of the reason I should go to the hospital for further emergency care.
2. I (or my guardian) have been informed that only an initial evaluation has been rendered to me and have been advised that I seek the advice of a physician as soon as possible.
3. I (or my guardian) have been informed of the potential consequences and/or complications that may result in my (or my guardian's) refusal to go to the hospital for further emergency care.
4. I (or my guardian), the undersigned, have been advised that emergency medical care on my/the patient's behalf is necessary, and that refusal of recommended care and transport to a hospital facility may result in death, or imperil my/the patient's health by increasing the opportunity for consequences or complications. Nevertheless, and understanding all of the above, I (or my guardian), refuse to:

- accept emergency medical care
- transport to a hospital facility
- transport to _____ Hospital as directed by Southern Nevada EMS protocols, but request transport to _____ Hospital; and

assume all risks and consequences resulting from my (or my guardian's) decision, and release Clark County provider agencies, and all personnel directly or indirectly involved in my care from any and all liability resulting from my (or my guardian's) refusal. I have had the opportunity to ask all of the questions I feel necessary to provide this informed refusal.

5. The reason for this refusal is as follows: (to be completed by patient/guardian) _____

Patient's Name:	DOB:	
Patient's Address:		
Patient's Phone Number:		
Signature (Patient/Guardian):		
Witness:		
Witness:		
Date:	Time:	Incident #:
Refused to Sign (Patient/Guardian):		
Telemetry Physician:	Hospital:	