DO-NOT-RESUSCITATE IDENTIFICATION
APPLICATION - MINOR

Patient Information

(Please Print or Type)

Name____ Gender ☐M ☐F

SS# ____________________________ Date of Birth _____/_____/_____ Phone ___________________

Address ___________________________________ City_______________________ State _____ZIP_________

Parent or Legal Guardian's Statement

I, the parent or legal guardian of the above named minor, do not wish that life-resuscitating treatment be undertaken in the event of a cardiac or respiratory arrest of the above named minor. Therefore, I direct Emergency Medical Services personnel to withhold life-resuscitating treatment in the event of a cardiac or respiratory arrest of the above named minor.

Parent or legal guardian's name (print): ________________________________ Phone ___________________

Address _________________________________City _____________________ State _____ ZIP ___________

Parent or legal guardian's signature: ___________________________________ Date _____/_____/_____

Attending Physician's Statement

As required by Nevada Revised Statute (NRS) 450B.525, I certify I am the above named patient's physician who has primary responsibility for the treatment and care of said patient, the patient suffers from a terminal condition, and the patient has been issued a Do-Not-Resuscitate Order pursuant to NRS 450B.510.

Attending physician's name (print): ____________________________ Phone: _______________

Attending physician's signature: ______________________________ License number: ________

Office Use Only:
Received: __________ Issued: __________ By: __________ DNR ID # __________

APPLICANT INSTRUCTIONS

1. Provide the information required in the "**Patient Information**" section of the application.

2. Sign and date the "**Parent or Legal Guardian Statement**" on the application.

3. Have your attending physician complete and sign the "**Attending Physician's Statement**" on the application.

4. Mail the completed application to:

   Southern Nevada Health District
   Emergency Medical Services &
   Trauma System
   P.O. Box 3902
   625 Shadow Lane
   Las Vegas, NV. 89127

5. Submit a check or money order in the amount of $5.00, payable to the Southern Nevada Health District, with the completed application.

ATTENDING PHYSICIAN'S INSTRUCTIONS

Complete the "**Attending Physician's Statement**" by:

1. Providing your name, telephone number, license number, and

2. Signing the "**Attending Physician's Statement**" where indicated.

In accordance with NRS 450B.525, a parent or legal guardian of a minor may apply to the health authority for a do-not-resuscitate identification on behalf of a minor if the minor has been determined by his attending physician to be in a terminal condition and has been issued a do-not-resuscitate order pursuant to NRS 450B.510.

An application submitted must include, without limitation; certification by the minor's attending physician that the minor suffers from a terminal condition and has been issued a do-not-resuscitate order pursuant to NRS 450B.510; a statement that the parent or legal guardian of the minor does not wish that life-resuscitating treatment be undertaken in the event of a cardiac or respiratory arrest; the name of the minor; the name, signature, and telephone number of the minor's attending physician; and the name, signature, and telephone number of the minor's parent or legal guardian.

The parent or legal guardian of the minor may revoke the authorization to withhold life-resuscitating treatment by removing or destroying or requesting the removal or destruction of the identification or otherwise indicating to a person that he wishes to have the identification removed or destroyed.

Do-Not-Resuscitate Identification will be a card and document issued by the Southern Nevada Health District signifying the person is a qualified patient who wishes not to be resuscitated in the event of cardiac or respiratory arrest. NRS 450B.410.

Life-resuscitating treatment means cardiopulmonary resuscitation (CPR) or any of its components including chest compressions, defibrillation, cardioversion, assisted ventilation, airway intubation and administration of cardiac medications.

For addition information please call:
Southern Nevada Health District OEMSTS
(702) 759-1050

DO-NOT-RESUSCITATE

IDENTIFICATION

APPLICATION

MINOR (<18 YEARS OF AGE)

Southern Nevada Health District
P.O. Box 3902
625 Shadow Lane
Las Vegas, NV. 89127