



Refusal to Permit Medical Treatment

PATIENT: _____ **AGE:** _____

ADDRESS: _____

PHONE #: _____

I have been advised and it has been recommended by the staff of _____ that I, or a person for whom I am the legal guardian, seek emergency medical treatment for the following: _____ . The staff of _____ has satisfactorily explained the risks of not seeking emergency medical care. At this time I, _____ (name) have elected to refuse any medical treatment by the staff of _____ and / or the local Emergency Medical Services. I accept the probable consequences of not receiving the recommended treatment. In addition, I have had the opportunity to ask questions about the proposed recommendation and have had these answered to my satisfaction.

Notwithstanding the recommendation of the staff of _____ and with the knowledge I have regarding this recommendation, I have decided ***NOT*** to accept/permit any treatment for the injury listed above. I understand that my failure to follow the advice of the staff of _____ may seriously affect my health or the health of the person under my guardianship.

By signing below, I assume responsibility for all the risks and consequences of my refusal. I also release the staff of _____ and other persons participating in my care or that of the person under my guardianship from all responsibility for any unfavorable or bad results that may occur as a result of my refusal to accept/permit the proposed recommendation.

Patient/Guardian: _____

Date: ____/____/____ Time: _____

Witness 1 (Printed Name): _____ Date: ____/____/____

Witness 1 (Signature): _____

Witness 2 (Printed Name): _____ Date: ____/____/____

Witness 2 (Signature): _____