

Vehicle #1	Vehicle #2	Vehicle #3
License# _____	License# _____	License# _____
Make _____	Make _____	Make _____
Model _____	Model _____	Model _____
Year _____	Year _____	Year _____

NARRATIVE / COMMENTS:

- "I hereby acknowledge that I do not desire any further medical treatment or transportation at this time."
- "I hereby acknowledge that I have been advised that evaluation, treatment and / or transportation is necessary for my condition. I have also been informed of the potential risk involved if I do not comply with this advice."
- "Furthermore I state my refusal to follow the advice given me by emergency medical personnel, and refuse further evaluation, treatment and / or transportation to a medical facility. By the above statements, I hereby absolve and hold harmless of any responsibility all emergency medical services (EMS) personnel, and their agents, for any ill effects which may result from my actions."
- "Do Not Resuscitate" directive presented and verified.

Patient / Guardian Signature _____ Date _____

Signature of Witness _____ Date _____