

REFUSAL OF SERVICES FORM

**Tuscola Fire Department
214 N Main
Tuscola, IL 61953**

PATIENT NAME: _____ DATE: _____

PATIENT ADVICE

This form is being provided to me because I have: (check all that apply)

REFUSED ASSESSMENT

REFUSED TREATMENT

REFUSED TRANSPORT

I understand that the EMS personnel are not physicians and are not qualified or authorized to make a diagnosis and that their care is not a substitute for that of a physician. I recognize that I may have a serious injury or illness that could get worse without medical attention even though I (or the patient on whose behalf I legally sign this document) may feel fine at the present time.

I understand that I may change my mind and call 9-1-1 if I need treatment or assistance later. I also understand that treatment is available at an emergency department 24 hours a day or from my physician.

I acknowledge that the EMS crew has explained this advice to me and that **I have read this form completely** and understand its provisions. I agree, on my own behalf (and on behalf of the patient for whom I legally sign this document), to release, indemnify and hold harmless the Fire Department / EMS agency and its officers, members, employees or other agents, and the medical command physician and medical command facility, from any and all claims, actions, causes of action, damages, or legal liabilities of any kind arising out of my decision, or from any act or omission of the Fire Department / EMS service or its crew, or the medical command physician or medical command facility.

OTHER SPECIFIC INSTRUCTIONS TO PATIENT: _____



Signature of: Patient Parent Legal Representative

Date/Time

Witness Signature

Date/Time

IF PATIENT REFUSES TO SIGN: I attest that the patient has refused care and/or transportation by the emergency medical services providers. The patient was informed of the risks of this refusal and refused to sign this form when asked by the EMS providers.

Witness Signature

Date/Time

Office Use Only: NIFRS Incident # _____