

Albuquerque Fire Department

Emergency (EMS) Liability Release

Date: _____ **Time:** _____ **Location:** _____ **Unit #** _____ **CAD #** _____

Refusal Criteria Age: _____ Alert/Oriented _____ Clear Judgment
_____ No Suicidal tendencies _____ No Psychotic Behavior _____ Vital Signs within Normal Limits
_____ Appropriate Neuro. Exam _____ Understands Risks Associated with Refusal of Care

ALL AREAS MUST BE CHECKED FOR A VALID REFUSAL TO BE ACCEPTED

Refusal of EMS care and transport against medical advice

I have been assessed and/or treated for illness or injuries by EMS. I have been advised I have at least one potentially serious illness or injury, which needs further treatment. I understand that failure to treat this illness or injury may lead to my disability or death. I REFUSE further treatment by EMS, as well as transport by EMS to the hospital of my choice in accordance with EMS protocols and/or medical direction. I also understand that signing this refusal does not preclude me from later obtaining medical care on my own, and/or requesting another EMS response.

My initials here indicate that this section applies to me _____

Assessment and/or treatment without EMS transport

I have been assessed and/or treated for illness or injury by EMS. I have been advised and understand I may need further assessment and treatment by a physician. I have also been advised of possible signs and symptoms that my condition may be changing. I REFUSE further treatment and transport by EMS to the hospital of my choice in accordance with EMS protocols and/or medical direction. I also understand that signing this refusal does not preclude me from later obtaining medical care on my own, and/or requesting another EMS response.

My initials here indicate that this section applies to me _____

Juvenile/Incompetent patient

_____ has been assessed and/or treated for illness or injuries by EMS. As his/her parent/guardian / P.O.A. (circle), I have been advised and understand he/she may need further assessment and treatment by a physician. I REFUSE further treatment of him/her by EMS as well as transport by EMS of him/her to the hospital of my choice, in accordance with EMS protocols and/or medical direction. I also understand that signing this refusal does not preclude me from later obtaining medical care for him/her, and/or requesting another EMS response.

My initials here indicate that this section applies to me _____

Albuquerque Metropolitan Community Sobering Services

I have been assessed by EMS personnel. I have also been informed that I meet the entrance requirements of the A.M.C.S.S. where I desire to go. I REFUSE further treatment by EMS, as well as transport by EMS to the hospital, consistent with EMS protocols and/or medical direction. Instead, I will make appropriate arrangements to enter A.M.C.S.S. I understand that signing this refusal does not preclude me from later obtaining medical care on my own and/or requesting another EMS response.

My initials here indicate that this section applies to me _____

Non-patient

EMS has met with me, and I have told them I have no medical complaint, illness, or injury. I do not consider myself to be a patient. I have been advised and understand I may need further assessment and treatment by a physician. I REFUSE treatment, as well as transport by EMS to the hospital, consistent with EMS protocols and/or medical direction. I also understand that signing this refusal does not preclude me from later obtaining medical care on my own, and/or requesting another EMS response.

My initials here indicate that this section applies to me _____

Acceptance of responsibility and release of EMS (required for all sections)

I understand that EMS has made a good faith determination that I am alert, oriented and able to make decisions for my ward or myself. I have read, or have had read to me, the section I have initialed above. My EMS assessment and my treatment options were explained to me and I understand them. I have no further questions of EMS at this time. I now knowingly and voluntarily release all individuals, organizations, and entities participating in and under Albuquerque/Bernalillo County EMS System Protocols and Guidelines from any liability for any claims arising from my decisions regarding my or my wards healthcare.

Name _____ DOB _____ Telephone _____

Address _____ City _____ State _____ ZIP _____

Translator/Parent/Guardian Name _____

Signature _____ Date _____

Witness #1 _____ Witness #2 _____

Medical Control Emergency Physician (if applicable) _____