

SENECA COUNTY Emergency Medical Services



Name: _____

Date:

Incident#

Location:_____ Incident MEDICAL REFUSAL FORM

This form is being explained to you because you have decided to refuse medical treatment and/or transport by Seneca County Emergency Medical Service or its agent. The evaluation and/or treatment by Seneca County Emergency Medical Service or its agent, IS NOT A SUBSTITUTE FOR MEDICAL TREATMENT BY A PHYSICIAN. Seneca County EMS or its agent advises you in the strongest possible manner to seek immediate medical attention by a physician. Your medical condition may be worse than you believe. Without professional medical treatment you may worsen your injuries or illness or even possibly death may result. If you are planning to seek professional medical attention on your own, the decision to refuse treatment and/or treatment by Seneca County EMS or its agent may result in a delay of needed treatment which could result in condition becoming worse. Medical evaluation and treatment may be obtained by calling your family physician, if you have one. Your may go to an area hospital Emergency Department, all of which are staffed 24 hours a day by a physician. You do not have to make an appointment at the Emergency Department. If you should change your mind or your condition becomes worse and you decide to accept treatment and transport by Seneca County EMS or its agent, please do not hesitate to call us back by dialing 911. Your health and safety is of our primary concern. If you wish to obtain a copy of this refusal, please call our administration office at (419-447-0266) and one will be sent to you. By initialing below, you are stating you have been informed of the possible complications that may occur without abiding by full medical treatments for your condition/ situation and you release Seneca County Emergency Medical Service and it's agents of any and all liability.

I am refusing transportation but accepting field treatment:

This treatment may result in a bill that your insurance or medicare/Medicaid may not pay, and you will be responsible for.

I am refusing both treatment and transportation to an Emergency Department

_ I am refusing the care listed below, but I am accepting other treatment and transportation to an **Emergency Department.**

| 1. | 2 | 3 | |
|------------------------|------|---|------|
| Patient name (printed) | Date | Patient/guardian signature | Date |
| Witness | Date | | |
| • 1 | | et medical control for Physician Approval for refus at are treated and released with full assessment and | |

Ken Majors RN, NREMT-P, EMS Director Dani Gebauer, NREMT-P Asst. EMS Director 126 Hopewell Ave. Tiffin, Ohio 44883 Office: 419-447-0266 Fax: 419-448-5064