VIRGINIA TECH RESCUE SQUAD -- RELEASE FORM

RELEASE OF LIABILITY FOR STANDBY PATIENTS

EMS Providers: _____ Date _____

PATIENT IFNO

NAME (LAST, FIRST, M.I.):

AGE: | DOB: | SEX: M / F

HOME ADDRESS:

CITY: | STATE: | ZIP CODE:

INCIDENT

PATIENT NUMBER: | LEVEL OF CARE: ALS / BLS / NA

PLACE OF EMS CONTACT:

PATIENT RELEASED TO:

❑ ALONE ❑ OTHER EMS UNIT

❑ PARENT/RELATIVE/FRIEND/GAURDIAN

❑ LAW ENFORCEMENT

	Disp.
	Arrival
	Trans.
	Arriv Dest.
	Cleared

NOTES

PRESENTATION

REASON FOR DISPATCH: | PATIENT'S CHIEF COMPLAINT:

HISTORY AND ASSESSMENT FINDINGS:

PULSE: | RESP: | BP: / | LOC: A V P U | PUPILS:

TREATMENT PROVIDED TO PATIENT:

RECOMMENDED TREATMENT:

REFUSAL

I hereby refuse the services, treatment, and/or transportation recommended and offered to me by the EMS personnel and understand that I accept full responsibility for any consequences of such refusal. I further release the individual EMS personnel and the area hospitals from any liability for injury, loss, or damage which I suffer or may suffer both known and unknown, as a result of my refusal of such services, treatment and/or transportation. If I am signing on behalf of another person, by signing below, I attest that I am that person's legal guardian.

PRINTED NAME _____ RELATIONSHIP _____

SIGNATURE _____ DATE _____

PATIENT IFNO

NAME (LAST, FIRST, M.I.):

AGE: | DOB: | SEX: M / F

HOME ADDRESS:

CITY: | STATE: | ZIP CODE:

INCIDENT

PATIENT NUMBER: | LEVEL OF CARE: ALS / BLS / NA

PLACE OF EMS CONTACT:

PATIENT RELEASED TO:

❑ ALONE

❑ PARENT/RELATIVE/FRIEND/GAURDIAN

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PRINTED NAME _____ RELATIONSHIP _____

SIGNATURE _____ DATE _____

Reminder for Refusals

1. Patient must be of legal age. Virginia law states that any individual 14 years of age, pregnant female, or married teenager are of legal age to consent to treatment or refusal of treatment.

2. Patient may not be impaired by alcohol or drugs, either legal or illegal.

3. Patient's refusal of treatment at this time does not deny them from treatment at a later time.