

### Refusal of Medical Attention

I, \_\_\_\_\_, hereby refuse to accept any and all treatment or services offered to me by the Midland Park Ambulance Corps, Inc. I understand that the Midland Park Ambulance Corps, Midland Park Police Department, and/or other appropriate organizations and/or persons have responded to assist me and render emergency medical assistance. The services available from these organizations and the possible consequences of not accepting these services have been fully explained to me. Despite the fact that it may be against the best advice of the personnel named above, I hereby refuse treatment and/or transportation offered by the Midland Park Ambulance Corps and/or any other responding organizations. Furthermore, I understand that it is the suggestion of the Midland Park Ambulance Corps personnel that I seek assessment and care with an appropriate medical facility as soon as possible.

I hereby release the Midland Park Ambulance Corps, Midland Park Police Department, and/or any other responding organizations, and all of their associated personnel, from all responsibility for any ill effects that I may suffer as a result of my refusing said treatment and/or transportation.

\_\_\_\_\_  
Patient or Legal Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

Patient's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Location of Call: \_\_\_\_\_

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### Refusal to Sign Release

\_\_\_\_\_, the above stated patient, was advised of the risks associated with not accepting emergency medical treatment and/or transportation to an appropriate medical facility, and has nonetheless refused to accept any treatment or transportation offered by the Midland Park Ambulance Corps and any/all other responding organizations. Furthermore, the above named patient has refused to sign the above release statement.

Witness: \_\_\_\_\_  
Relation: \_\_\_\_\_

Crew Member: \_\_\_\_\_  
Date & Time: \_\_\_\_\_