



The North Fork Ambulance Association, herein referred to as the North Fork Ambulance, has given this form to you because you have expressed your desire to refuse on-scene treatment and/or transport to the emergency room. Your health and safety is our primary concern. Although you have decided not to accept our services and be transported to the emergency room, please remember the following:

1. The evaluation and/or treatment provided to you by the Emergency Medical Technician(s) of the North Fork Ambulance is not a substitute for medical evaluation and treatment by a physician at the Emergency Room. We have advised you to get medical evaluation and treatment at the Emergency Room.
2. Your condition may not seem as bad as it may actually be. Without treatment, your condition or problem could become worse. If you are planning to get medical treatment, a decision to refuse treatment or transport by the North Fork Ambulance may result in a delay, which could make your condition or problem worse.
3. Medical evaluation and/or treatment may be obtained by calling your doctor if you have one, or by visiting any hospital emergency room, which is staffed 24 hours a day by physicians. You may be seen at an emergency department without an appointment.
4. If you change your mind or your condition becomes worse and you decide to accept treatment and transport to the emergency room by the North Fork Ambulance, you may call us back 24 hours a day, 7 days a week by dialing 911.
5. Don't wait! When medical treatment is needed, it is usually better to get it right away and not wait. Assistance may be obtained by calling 911 at any time and requesting an ambulance.

Emergency Room Physician Acknowledgement of Refusal

Your condition or ailment has been discussed with a physician at the Delta County Memorial Hospital Emergency Room via telephone and the advice given to you by the North Fork Ambulance EMT(s) has been issued or approved by the physician.

Parental/Legal Guardian Authorization for Refusal of Transport

As the below signed parent or legal guardian for the below identified patient, whom has not yet turned the age of 18 years old, you acknowledge that you are acting on behalf of the patient. By signing below you indicate that you have read and understand all the above information regarding refusal of EMS treatment and/or transport by the North Fork Ambulance and acknowledge that you do not wish to have the patient transported to the emergency room.

Physician Information	Name of Physician Accepting Refusal:	Date:	Time:
Patient's Information	Legal Name:	Date of Birth:	SSN:
Guardian Information	Legal Name:	Date of Birth:	Relationship to Patient:

Patient's Signature _____ Date: _____

Guardian's Signature _____ Date: _____

EMT's Signature _____ Date: _____

Witness/Officer Signature _____ Date: _____