

H.E.M. RELEASE AT SCENE
(Release of Medical Records & AMA/RAS)

RELEASE AT SCENE (RAS) & AGAINST MEDICAL ADVICE (AMA)

Patient can only refuse care IF: 18 and over in age or has parent/guardian, is not visibly altered/unconscious /judgment impaired, and clearly understands medical implications of refusing care.

*****PATIENT (or witness) PLEASE CIRCLE: A or B, and C.. then please signoff.*

- A. **AMA:** I, the patient, have been advised it is against my best interests in health that my refusing care may create unnecessary risks, and could jeopardize my health.
- B. **RAS:** I, the patient, accept my medical issue may require additional medical attention, but upon release from HEM, I find that I can elect to seek that medical attention at a later time.
- C. *By signing this form, I am releasing HEM of any liability or medical claims from my decision to refuse medical care and/or transport offered.*

I have read and understand the above: Signature _____ (Refused to Sign?) _____

Patients' Drivers License Number or Social Security # _____

FOR HEM VOLUNTEER OFFICE USE ONLY:

Patient Released into custody of: (Self) (Security-Law Enforcement)(Parent-Guardian)

COMPLETED BY: HEM VOLUNTEER (Print) _____ (Sign) _____

HEM WITNESS (Print) _____ (Sign) _____