



Napa County Emergency Medical Services (EMS) Agency

MULTIPLE PATIENT - RAS LOG

(BLS/ALS Personnel)

Date: _____ Incident Name: _____ Location: _____ Incident/Dispatch #: _____
EMT/Paramedic Name: _____ EMT/Paramedic Signature: _____
Witness Name: _____ Witness Signature: _____

Section I - Release at Scene (RAS)

Neither I nor the attending EMT(s) and/or paramedic(s) believe that I (or my child, as appropriate) have an illness or injury requiring EMS system transport. I agree that I *do not* need further EMS assessment, treatment and *do not* require EMS system transportation at this time. I understand that if I change my mind or if my condition changes and I wish further treatment/transportation by the EMS system; I can call 911 and they will respond.

	Patient Name	Patient Signature	Person/Patient Guardian Signature	Relationship
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2				
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	Patient Name	Patient Signature	Person/Patient Guardian Signature	Relationship
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