



NAPA COUNTY EMS AGENCY

RAS/AMA FORM

Date: _____ Unit #: _____ Incident/Dispatch #: _____

BLS/ALS Personnel

Person/Patient Refused to Sign

Section I - Release at Scene (RAS)

Neither I nor the attending EMT(s) and/or paramedic(s) believe that I (or my child) 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.

Person/Patient Name (print): _____	Person/Patient Signature: _____
Phone Number: _____	E-mail Address: _____
Person/Patient Guardian Signature: _____	Relationship: _____
Witness Name: _____	Witness Signature: _____
EMT/Paramedic Name: _____	EMT/Paramedic Signature: _____

ALS Personnel Only

Section II - Against Medical Advice (AMA) - Refusal of Evaluation/Treatment/Transportation

I, _____ acknowledge that on _____

Patient Name (print) / Date

Paramedic / License / Service Provider Agency

Explained my condition to me and advised me of some of the potential risks and/or complications which could or would arise from refusal of medical care. I have also been advised that other unknown risks and/or complications are possible up to and including the loss of life or limb. Being aware that there are known and unknown potential risks and/or complications, it is still my desire to refuse the advised medical care.

- All Care Refused
 - Specific Care Refused: _____
- Person/Patient Refused to Sign*

I do hereby release EMS personnel from all liability resulting from any adverse medical condition(s) caused by my refusal of the recommended medical care.

Patient Name (print): _____	Patient Signature: _____
Patient/Guardian Signature: _____	Relationship: _____
Witness Name: _____	Witness Signature: _____
Paramedic Name: _____	Paramedic Signature: _____

Comments: _____

Revised 01/01/2019