

WFA Refusal of First Aid Against Medical Advice (AMA)

Patient (Pt) Name: _____ First Aider (FA) Name: _____
Pt Phone Number: _____ FA Phone Number: _____
Pt Street Address: _____ FA Street Address: _____
Pt City, State, Zip: _____ FA City, State, Zip: _____

Date of Incident: _____
Time of Incident: _____

Location of Incident: _____

What Happened: _____

I have been advised by the first aider named above that I should receive medical attention for the following condition: _____

The specific procedure of treatment which has been recommended is: _____

Having been advised of the possible consequences of not having immediate medical attention, I hereby release the first aider(s) named above of any and all responsibility for my refusing first aid and/or leaving at this time. I understand that I am leaving of my own volition and am assuming responsibility both for safely reaching the roadhead, and for my own transportation.

Comments:

Pt Name: _____ FA Name: _____

Pt Signature: _____ FA Signature: _____

Date: _____ Date: _____

Witness Name: _____

Witness Address: _____

Witness Phone Number: _____