

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:

Time:

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 or treatment which has been recommended is:

Having been advised of the possible consequences of not having immediate medical attention, I hereby release the Sierra Club and 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: