

Refusal of Medical Treatment and Transport

Attendant Name: _____

Individual Name: _____

Address: _____

City/State/Zip _____ Phone: _____

Assessment of Individual

Is the individual over 18 years old?*Yes No*

Is the individual oriented to person, place, and time?*Yes No*

Does the individual have a decreased level or responsiveness?*Yes No*

Does the individual admit to loss of consciousness or hitting head?.....*Yes No*

Has the individual admitted to alcohol or drug use?*Yes No*

If the individual is over 18, oriented and does not have a decreased level of responsiveness, head injury, or drug/alcohol use then have them read and sign the bottom of refusal form. If the individual is under 18 or has any of the previously mentioned signs then call EMS and allow them to evaluate the individual.

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Individual Statement

I _____ understand that this form has been given to me because I have refused medical care or transport. I understand that University of Colorado Recreation Staff have recommended that I receive medical care, treatment and/or transportation to the hospital emergency department for further evaluation by a physician and that delaying this help may result in my condition worsening

I have made the decision to refuse medical treatment or transport being a competent adult, alert and oriented, and free of alcohol, drugs, or head injury which may impair my judgment. By making this decision to refuse medical treatment or transport I agree to assume all risk of personal injury, loss, or bodily injury (including death). I release, waive, hold harmless, and discharge the University of Colorado and its employees from all