

This is to Certify I, _____ refuse medical treatment as suggested by the attending Emergency Medical Technicians. I Acknowledge that I understand this to be against the best advice of the attending Emergency Medical Technician. I fully understand that my refusal to be treated may jeopardize my health and/or life. I assume the risk and accept the consequences of my refusal to be treated and hereby release all attending Emergency medical Technicians and/or Monmouth County Fire Academy from any or all liability whatsoever for any ill effects that may result from not being treated.

Patient's Signature: _____

Emergency Medical Technician Signature: _____

Emergency Medical Technician Name (Print): _____

Witness, Signature: _____

Witness, Name (Print): _____

Witness, Street Address: _____

Witness, City, Town State: _____