



AMBULANCE REFUSAL FORM

Name _____

Birthdate _____

Email _____

Phone _____

I agree, on my own behalf (and on the behalf of the patient for whom I legally sign this document), to release, indemnify and hold harmless all Fellowship Bible Church employees or other agents from any and all claims, actions, causes of action, damages, or legal liabilities of any kind arising out of my decision to refuse being transported by ambulance to a destination for medical treatment that was recommended to me. I am assuming all further medical care and treatment. .

Patient (or Legal Guardian) Signature _____

Printed Name of Legal Guardian _____

Date _____

I attest that the patient/guardian has refused care and/or transportation by ambulance. The patient/guardian was informed of the risks of this refusal.

Fellowship Staff Signature _____

Date _____