

**BABE RUTH LEAGUES OF VIRGINIA, INC. EMS REFUSAL FORM
REFUSAL OF TREATMENT, TRANSPORT, AND (OR) EVALUATION**

PLEASE READ COMPLETELY BEFORE SIGNING BELOW!

Because it is sometimes impossible to recognize actual or potential medical problems outside the hospital, we strongly encourage you to be evaluated, treated if necessary, and transported to a hospital by EMS personnel for more complete examinations by a physician.

You have the right to choose to not be evaluated, treated, or transported if you wish; however, there is the possibility that you could suffer serious complications or even death from conditions that are not apparent at this time.

By signing below, you are acknowledging that you understand the potential harm to your child's health that may result from your refusal of the recommended care and that you release Babe Ruth Leagues of Virginia, Inc. and supporting personnel from liability resulting from refusal.

PLEASE CIRCLE THE FOLLOWING THAT APPLY:

I REFUSE: EVALUATION TREATMENT TRANSPORT

IF YOU CHANGE YOUR MIND AND DESIRE EVALUATION, TREATMENT, AND (OR) TRANSPORT TO A HOSPITAL, YOU MAY RE-CONTACT THE TOURNAMENT DIRECTOR OR CALL 911 AT ANY TIME.

Patient's Printed Name _____ Age _____ DOB _____ Phone# _____

Patient's Address _____ City _____ State _____ ZIP _____

Signature _____ Relationship, if applicable _____

Witness Signature _____ Witness Printed Name _____

Date and Time _____

1. Oriented to person, place, and time? Yes No
2. Coherent speech? Yes No
3. Able to repeat understanding of their condition and consequences of treatment refusal?
 Yes No
4. Narrative: describe the nature of the injury and the treatment that was offered, the specific consequences of refusal, and the names of family members or other witnesses present:

Use reverse of page if more space is needed to provide information.