

Oswego Town Fire District

640 County Route 20
Oswego, NY 13126
315-343-2030

Patient Release Form

Statement Acknowledging Refusal

I **am refusing** the offer to **arrange for** medical evaluation and agree to hold harmless and indemnify the fire district and its employees and members, from any responsibility whatsoever for any unfavorable conditions or injuries caused by my refusal. I forever **waive all actions and claims** by me or on my behalf resulting from my refusal of evaluation.

Responsible Party or designee signature _____

Date _____

Witness Statement

I observed the above named person review and sign the statement above. The person was alert and did not appear confused. The person appeared to understand the statement and did not state otherwise.

Witness Signature _____

Date _____ Print Name _____

Below information to be completed by Oswego Town FD personnel

Call location _____

Call date/time _____

Patient is over the age of 18 – YES NO – If no then an adult must sign.

Patient is alert and oriented to location and time of day – YES NO

Oswego Town FD person filling out form _____

Completed form to be inserted in PCR mailbox when completed.