

**VERONA RESCUE SQUAD
TREATMENT/TRANSPORTATION WAIVER AND
REFUSAL OF MEDICAL AID AND RELEASE**

I (or) _____ for _____
refuse treatment/transportation by the Verona Rescue Squad, and acknowledge that I was advised by
the Verona Rescue Squad of the option to be transported now for medical attention. I release the
Township of Verona, the Verona Rescue Squad, and their respective members, agents, servants, and
employees severally and individually from any and all liability of any nature whatsoever for any injury or
complication of any kind that may result directly or indirectly from my refusal of treatment and/or
transportation by the Verona Rescue Squad. I hereby waive any and all rights of action which may arise
as a result of my refusal.

Signature of Releaser	Date	Time AM/PM
Signature of EMT Treating Patient	Date	Time AM/PM

**VERONA RESCUE SQUAD
ACKNOWLEDGEMENT OF AWARENESS
ACCEPTANCE OF RESPONSIBILITY AND RELEASE OF VERONA RESCUE SQUAD**

I understand and accept that the Verona Rescue Squad has made a good faith determination that I am alert, oriented, and able to make decisions for my ward or myself. I have read, or have had read to me, the section I have signed above. My Verona Rescue Squad assessment and my treatment options were explained to me, and I understand them. I understand that the assessment and treatment provided by the Verona Rescue Squad is not a substitute for a medical evaluation by a physician. I have no further questions of the Verona Rescue Squad at this time. I now knowingly and voluntarily release the Township of Verona, the Verona Rescue Squad, and their respective members, agents, servants, and employees severally and individually and all individuals, organizations, and entities participating in and under the Verona Rescue Squad from any liability for any and all claims arising from my decisions regarding my or my ward's healthcare.

Name	Signature	Date
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Responsible party refuses treatment and transportation, but refuses to sign release.

Witness Initials: _____

Witness Name	Signature	Date
Interpreter Name (if applicable)	Signature	Date

