

# PEGOS VALLEY PUBLIC SERVICES

P.O. Box 488  
200 W. First Street, #516  
Roswell, NM 88203

## REFUSAL FORM GUARDIAN

Date / Time:

Incident No.:

Location:

Alert / Oriented

Clear Judgment

No Suicidal Tendencies

Appropriate Vital Signs

Understands Risks Associated  
with Refusal of Care

Age:

Patient: Name / Address / Phone

\_\_\_\_\_ has been assessed and/or treated for illness or injury by EMS. As his/her parent / guardian (circle), I have been advised and understand he/she may need further assessment and treatment by a physician. I REFUSE further treatment of him/her by EMS as well as transport by EMS of him/her to the hospital of my choice, in accordance with EMS protocols and/or medical direction. I also understand that signing this refusal does not preclude me from later obtaining medical care for him/her, and/or requesting another EMS response.

Initial here

I understand that EMS 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 initialed above. My EMS assessment and my treatment options were explained to me and I understand them. I have no further questions of EMS at this time. I now knowingly and voluntarily release all individuals, organizations, and entities participating in and under the New Mexico Department of Public Safety EMS System from any liability for any and all claims arising from my decisions regarding my or my wards' healthcare.

Guardian: Name / Address / Phone

Translator / Witness

Patient / Guardian Signature