

FIRST AID REFUSAL

PATIENT'S NAME: _____ AGE: _____

ADDRESS: _____ CITY/TOWN: _____

STATE: _____ ZIP: _____ PHONE: _____

DATE: _____ TIME: _____ INCIDENT LOCATION: _____

SUSPECTED INJURY: _____

HOW INJURY OCCURRED:

I HAVE KNOWINGLY REFUSED FIRST AID FOR THE REASON: _____

PATIENT SIGNATURE: _____ DATE: _____

PATROLLER'S NAME: _____ DATE: _____

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