**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.