



Delaware County EMS Assistance Card

Assistance Guidelines

I understand that Delaware County EMS was summoned to my aid and I choose not to receive further examination, medical treatment, or transportation to the hospital by this EMS provider. I also understand that although I currently feel fine, I may have suffered a serious physical injury or illness to my person leading to severe disability and or death. I knowingly and voluntarily accept full responsibility for this decision and therefore forever release and discharge from liability Delaware County EMS for any adverse events I may experience. Lastly, I understand that if any problems develop, I should seek medical care immediately and that I may call 911 at any time I feel an emergency exists.

The Person Named Below Presents With The Following

Notable Mental Status Impairment?	<u>No</u> <input type="checkbox"/> <u>Yes</u> <input type="checkbox"/>	Signs of Duress?	<u>No</u> <input type="checkbox"/> <u>Yes</u> <input type="checkbox"/>
Any sign of injury?	<u>No</u> <input type="checkbox"/> <u>Yes</u> <input type="checkbox"/>	Requests Medical Evaluation?	<u>No</u> <input type="checkbox"/> <u>Yes</u> <input type="checkbox"/>
Signs of Intoxication?	<u>No</u> <input type="checkbox"/> <u>Yes</u> <input type="checkbox"/>	<i>Any notation of YES in this section requires a patient refusal ePCR to be completed</i>	

Person Assisted Information

Name: _____

Address: _____

Date of Birth _____

Signature of Individual or Responsible Party:

→→ _____ **←←**

***YOU WILL NOT BE CHARGED FOR THIS ASSISTANCE CARD**

Responsible Party for Person Assisted Information If the Person is a Minor (Under the age of 17)

Printed Name _____

Ambulance Crew Information

Medic/EMT _____ Driver _____

CAD Number _____ Medic Unit # _____