



MULTIPLE PERSON/PATIENT – RELEASE AT SCENE LOG

(BLS/ALS Personnel)

Date: _____ Incident Name: _____ Location: _____ Incident/Dispatch #: _____
EMT/Paramedic Name: _____ EMT/Paramedic Signature: _____
Witness Name: _____ Witness Signature: _____

Section I – RELEASE AT SCENE LOG

Neither I nor the attending EMT(s) and/or paramedic(s) believe that I (or my child) have an illness or injury requiring EMS system treatment and transport. I agree that I *do not* need further EMS assessment, treatment and *do not* require EMS system transportation at this time. I understand that if I change my mind or if my condition changes and I wish further treatment/transportation by the EMS system; I can call 9-1-1 and they will respond.

	Patient Name	Patient Signature	Person/Patient Guardian Signature	Relationship
1				
Notes:				
2				
Notes:				
3				
Notes:				
4				
Notes:				
5				
Notes:				

	Patient Name	Patient Signature	Person/Patient Guardian Signature	Relationship
6				
Notes:				
7				
Notes:				
8				
Notes:				
9				
Notes:				
10				
Notes:				

(Narrative/Notes):
