

**COLLEGE OF CENTRAL FLORIDA
EMERGENCY MEDICAL SERVICES RELEASE FORM**

I ACKNOWLEDGE that an agent of the College of Central Florida has recommended that I should be transported by an emergency vehicle to a medical facility for immediate medical attention.

I understand that my refusal to seek this medical assistance may have a negative impact on my health and well-being.

I am over eighteen years of age, able to speak and read English, and capable of making rational decisions on my behalf.

I refuse to accept emergency medical transport to a hospital or emergency medical facility.

I refuse to accept emergency medical treatment.

I assume all risks and consequences resulting from my decision to refuse medical transport and/or medical treatment and release the District Board of Trustees of College of Central Florida, its officers, employees, and agents from any and all liability and claims arising directly or indirectly from my refusal.

Patient's Name (Printed)

CF #: _____

Patient's Signature

Patient's Age

Public Safety Officer: _____

Date: _____

Form Location: https://benefits.cf.edu/workers_compensation.html