



The Community Partnership for the Prevention of Homelessness

Refusal of Medical Care from the District of Columbia Fire and Emergency Medical Services Department (FEMS)

CHECK ALL STATEMENTS THAT ARE APPLICABLE

- I understand has been explained to me about any possible medical problem(s) and/or injuries arising from circumstances that will be documented on The Community Partnership for the Prevention of Homelessness (TCP) Critical Incident Report form.
- I realize that refusing medical treatment at this time for further evaluation and treatment of any possible medical problem(s) and/or injuries arising from circumstances that will be documented on a TCP CIR form could lead to undiagnosed injury or illness, make my condition worsen, or cause additional problems to develop including death or permanent disability.
- I realize that refusing transportation to the hospital for further evaluation and treatment of any possible medical problem(s) and/or injuries arising from circumstance that will be documented on a TCP CIR form could lead to undiagnosed injury or illness, make my condition worse, or cause additional problems to develop including death or permanent disability.

RELEASE

By signing this form, I hereby refuse any further medical services offered by the District of Columbia Fire and Emergency Medical Services Department (FEMS) in response to, or as a result of circumstances documented on a TCP Critical Incident Report (CIR) form, and I hereby release and hold harmless The Community Partnership for the Prevention of Homelessness (TCP, its agents, employees, and staff, including FEMS from all claims, obligations, and liability of any kind, arising out of my refusal to accept further medical services arising from circumstances documented on the TCP CIR form. I also hereby agree to indemnify and hold harmless the District of Columbia, its agents, employees, and staff including FEMS and TCP from and against any and all claims, injury, loss, and-liability arising from my refusal to accept further medical treatment from FEMS, arising from circumstances documented on the TCP CIR form.

Client Name: _____

Client Signature: _____

Date: _____

Client refused to Sign TCP Refusal of Medical Care Form Staff Signature _____

Witness 1 Name: _____ Witness 1 Signature _____

Witness 2 Name: _____ Witness 2 Signature _____

Provider Name: _____ Provider Signature _____

Date and Time of Refusal: _____

Location of Refusal: _____

FEMS Responder Name(s) & Badge #: _____