

Career Opportunity Development  
**CONSUMER REFUSAL of MEDICAL CARE**

Date: \_\_\_\_\_

Emergency Medical Technicians determined that you have exhibited symptoms that may warrant immediate medical treatment. I agree that typed E-Signing below indicates you have refused further medical services, including hospital transport.

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
E-Typed Signature

\_\_\_\_\_  
E-Typed Guardian Signature