



LOYOLA EMS SYSTEM MULTIPLE PATIENT RELEASE REPORT

License # _____ Unit # _____ Ser # _____ Date _____

Provider _____ Incident # _____ Hospital Log/Tape _____

CREW SIGNATURES	CALL INFORMATION	TIME INFORMATION	COMMUNICATIONS
1 _____ # _____	Location _____	Call Received _____	Medical Direction: RN _____
2 _____ # _____	Nature of Incident _____	Crew Enroute _____	Physician _____
3 _____ # _____		Arrived Scene _____	Hospital _____
4 _____ # _____		Back in Service _____	

Comments _____

We, the undersigned, have been offered medical treatment and transportation to a medical facility by the Emergency Medical Personnel of the above stated EMS Provider. By completing the information and affixing our signatures below, we are refusing any and all treatment and/or transportation for our illnesses or injuries.

1	Name: (last) _____ (first) _____ Address: _____ City _____ State: _____ Zip _____ Age _____ DOB _____ Phone _____ Signature X	2	Name: (last) _____ (first) _____ Address: _____ City _____ State: _____ Zip _____ Age: _____ DOB _____ Phone _____ Signature X
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3	Name: (last) _____ (first) _____ Address: _____ City _____ State: _____ Zip _____ Age _____ DOB _____ Phone _____ Signature X	4	Name: (last) _____ (first) _____ Address: _____ City _____ State: _____ Zip _____ Age: _____ DOB _____ Phone _____ Signature X
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5	Name: (last) _____ (first) _____ Address: _____ City _____ State: _____ Zip _____ Age _____ DOB _____ Phone _____ Signature X	6	Name: (last) _____ (first) _____ Address: _____ City _____ State: _____ Zip _____ Age: _____ DOB _____ Phone _____ Signature X
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Witnessed by _____	Badge or LUMC # _____	Agency _____
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