



Hale Fire Protection District Medical Run Sheet

Location:	Date:
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Incident Commander:	Crew On Scene:
EMR Primary:	Scribe:

Patient Name:	Age:	M / F	Allergies:
Chief Complaint:			

Time	B/P	Pulse	Resp.	B/S	Conscious	Pupils	Skin	Motor	Medications:

<u>Treatment Given</u>					
	Airway		CPR		Spinal Immob.
	Artificial Resp.		Extrication		Splint
	Auto Defib.		MAST		Suction
	Bleeding MGMT		Oxygen		

<u>Automatic Defibrillator Data</u>			
		Defib	Pulse?
Time of Arrest		1	
Time of CPR		2	
Time of Defib		3	
Time Pulse Returns		4	

Narrative/Assessment:

Signature of EMR Primary Making Report: _____

I hereby **voluntarily acknowledge** and state that I have been advised regarding the state of my present physical condition, and I hereby **voluntarily refuse to receive or accept such medical care** recommended by representatives of HFPD. Furthermore, **I hereby release, discharge, and hold harmless said Fire Department, its officers, and agents from any and all liability in this matter, for myself, my heirs, executors, administrators, and agents.**

Signature of Patient

Witness