

# Southern Illinois Regional EMS System

## A-17.2 REFUSAL OF SERVICES FROM A MINOR

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

To: The Parents of Legal Guardians of:

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From: \_\_\_\_\_, Provider Agency

Re: Refusal of Care and/or Transportation:

EMS personnel of our emergency response system were call to render care to your son/daughter/ward on:

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

Time: \_\_\_\_\_

Location of Incident:

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Nature of Complaint:

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At that time attempted to evaluate and render aid. In response, your son/daughter/ward stated

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Whereas your child/ward is a minor and not legally enfranchised, it is our duty to inform you of this incident so that an informed decision can be made as to whether follow-up evaluation with a physician should be obtained. If you wish any additional information, please contact

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At telephone number \_\_\_\_\_.