



Kingdom of Lochac
Chirurgeonate



Refusal of treatment

Event : _____

Dates : _____

Location : _____

Local Group : _____

Activity : _____

Injury : _____

This is to certify that I, _____ of _____
decline the treatment suggested by the undersigned first aider, and understand that :

- a) This action is contrary to the first aider's best advice,
- b) I fully understand that my refusal to be treated may jeopardize my health and / or life,
- c) I assume the risk and accept sole responsibility for the consequences of my refusal,
- d) I release the first aider and all SCA authorities from any and all liability for any ill effects that may result from my decisions.

Signed (attendee) : _____

First aider : _____
(Name, signature)

Certifications : _____

Witnessed : _____
(Name, signature)

Date : _____