

**Sparks Fire Department
Omega Patient Consent and Release of Liability**

Incident #:	Date:	Time:	Location:	Unit:
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To be Completed by the Patient

I choose not to receive an evaluation by a Sparks Fire Department EMS provider. I elect to follow the alternative care pathway developed by a REMSA Emergency Communications Nurse via the Nurse Health Line.

I knowingly and voluntarily elect to use an alternative care pathway rather than a REMSA ambulance response. I am over eighteen (18) years old and competent to make this decision. I hereby release and promise to indemnify the Sparks Fire Department, its agents, and employees from any liability arising from my decision.

I have been advised to call 911 if my medical condition continues or becomes worse. I acknowledge that I have read this form completely, understand its provisions, and hereby assume all risks and consequences of my decision.

Signature: _____ Date/Time: _____

Print: _____ Date of Birth: _____

To be Completed by the Sparks Fire Department EMS Provider

I have been instructed to discontinue patient contact by a REMSA Emergency Communications Nurse (ECN), who has evaluated the patient and determined an alternative care pathway is medically appropriate according to the standards established by the International Academy of Emergency Dispatch (IAED).

ECN's Name: _____ ID #: _____
(If necessary, the ECN can be reached at (775) 858-1000)

The patient appears to be free of intoxicants and has the capacity to refuse on-scene EMS care.

A copy of this form will be included in the run report for this incident.

Signature: _____ Print: _____