

(use additional paper if needed or type description)

Refusal of Care: I, the injured party, have been advised that I may have a medical condition(s) which may require an examination by medical personnel. At this time, I am refusing the care given by the personnel listed on this form and require no further treatment from the Loyola University Recreational Sports Department and/or an Emergency Medical Technician.

Signature of Injured: _____ **Time:** _____

Witness of Refusal: _____ **Phone:** _____

Recreational Sports Personnel: _____ **Title:** _____

WITNESS 1

Printed Name	Address or Mailstop:	Phone
Signature		Email
Account of What Happened		

WITNESS 2

Printed Name	Address or Mailstop	Phone
Signature		Email
Account of What Happened		

I, the injured party, herein certify that the information set forth above is true and correct to the best of my knowledge.

Signature of Injured: _____ **Time:** _____

Recreational Sports Personnel: _____ **Title:** _____

Report Prepared by (Print Full Name(s) clearly): _____ Position: _____

Signature: _____ Name of Administrator(s) Notified: _____

OFFICE DATA

Date of Follow-Up: _____

Administrator: _____

Status: Submitted Forwarded to Administrator for Follow-Up Completed/To Be Filed Other _____

Follow-Up Comments: _____