

### RIGHT OF REFUSAL OF MEDICAL AID

\_\_\_\_\_  
Production Title

I, \_\_\_\_\_, hereby refuse the proper first aid treatment deemed necessary by the First Aid Person employed by my production for the illness or injury incurred by me on this date.

In signing this waiver, I release \_\_\_\_\_ from any liability resulting from this refusal to accept such first aid treatment.

\_\_\_\_\_  
Injured's or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Injured's name (print)

\_\_\_\_\_  
Job Title or Position

\_\_\_\_\_  
Guardian's name in case of minor

\_\_\_\_\_  
Relationship to injured

\_\_\_\_\_  
First Aid Person

\_\_\_\_\_  
Witness

This form should be signed, dated and returned to the Safety Coordinator.