

**INFORMED REFUSAL TO SEEK MEDICAL INTERVENTION  
DIABETES EDUCATION**



TEXAS A&M UNIVERSITY  
Healthy South Texas

**PART 1: Informed Refusal to Seek Medical Intervention**

Texas A&M Healthy Texas, Diabetes Education Program is recommending that I seek medical care based on my health status. (initial most appropriate statement)

- \_\_\_\_\_ Seek medical evaluation and treatment with your healthcare provider as soon as possible
- \_\_\_\_\_ Seek medical evaluation and treatment at an Emergency Room or Urgent Care Center
- \_\_\_\_\_ Initiate Emergency Medical Services (EMS) for evaluation of medical condition and possible transfer to an Emergency Room as deemed necessary

**PART 2: Attestation of Participant's Informed Refusal**

I understand that if I refuse the offered services described above, my refusal may result in worsening of my medical condition and could pose a threat to my life, health and/or safety. I release the Texas A&M Healthy Texas Diabetes Education Program, including its Parent Corporation, officials, directors, physicians, employees, staff, and any other persons caring for me from all responsibility from this refusal. I hereby release all claims arising from my condition and refusal to submit to the above services. I accept full responsibility for my refusal of treatment and services.

I understand and I have been informed that the Emergency Medical Services personnel treating me at Texas AM Healthy Texas, Diabetes Education Program are independent. They are not employees of the Texas A&M Healthy Texas, Diabetes Education Program and are not legally liable for the medical care they render. I understand that questions relating to these independent services should be addressed directly to them.

Date: \_\_\_\_\_ Time \_\_\_\_\_ a.m. / p.m. \_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Witness Address (include City, State, Zip Code)

\_\_\_\_\_  
Printed Name, Relationship if Parent or Legal Guardian

\_\_\_\_\_  
Witness Phone Number

\_\_\_\_\_