

**ARCHDIOCESE OF LOS ANGELES
REFUSAL OF MEDICAL EXAMINATION AND/OR TREATMENT
FOR NON-EMPLOYEES AND NON-STUDENTS**

On _____, I injured my _____
(Date) (Body Part)

while I was at _____
(Name of Location: Parish, School, Other)

_____ offered to arrange for transportation for me to be
(Name of Person making offer)

seen and treated by a medical professional for this injury. I refuse and decline such transportation and medical examination and/or treatment.

Name of Injured Person

Signature of Injured Person

Date: _____

Name of Location Staff member

Signature of Location Staff member

Date: _____

