

**Horry County
Fire/Rescue Department**



2560 North Main St, Suite 1
Conway, SC 29526-5298
Tel: (843) 915-5190
Fax: (843) 915-6190

No Transport Form

I understand, by signing my name below, that this document implies that I was offered transportation by Horry County Fire/Rescue, and I chose not to accept. I have been informed by representatives of Horry County Fire/Rescue that they are not qualified to make diagnosis, but that I may need additional medical treatment and or transport. Understanding these conditions, I still choose not to accept treatment or transport.

Formulario de no transportar

Al firmar mi nombre en este documento, consta que me ofrecieron transporte por el Fuego/Rescate del Condado de Horry, y yo lo negué. Me informaron los representantes del Fuego/Rescate del Condado de Horry que ellos no pueden hacerme el diagnóstico, pero que sería posible que yo necesitara tratamiento médico y/o transporte. Bajo estas condiciones, yo elijo no aceptar el tratamiento ni el transporte que me ofrecen ahora.

Print name below/ Letra de impres

Sign name below/ Firma

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____

Check one

- The above patient(s) refused treatment and transport
- The above subject(s) refused treatment and transport

Fire/Rescue Representative's Signature:

Date: _____

Fire/Rescue Representative's Printed Name:

Medic Unit or Fire App # : ____ _

Certification # : SC ____ _

CAD # : ____ _ - ____ _

Comments:(use back of form if needed) _____