

Medical Emergency Waiver

I _____ have refused emergency service provided by the City of Evanston.

I understand Garrett-Evangelical Theological Seminary cannot be held liable for this decision.

Signature

Date

Witness Signature

Date

Witness must be Garrett-Evangelical Theological Seminary staff, faculty or administrator.

In case of a life threatening emergency: If a person refuses to sign this form the Garrett-Evangelical Theological Seminary staff, faculty or administrator should call 911.