

**CONSENT AND LIABILITY RELEASE
FOR MEDICAL TRANSPORT**

Name of Patient:
Age:
Date of Birth:
Gender:
Nationality:
Passport Number:

PATIENT'S CONSENT (medical escort tick applicable boxes)

I consent to the air medical transport from _____, to _____, by Air Ambulance flight.

- I understand local medical care in _____, is not considered adequate to further manage my medical condition.
(signature)
- I understand local medical care in _____ may be considered adequate for my further medical management, however I request transport to a medical facility closer to my permanent place of residence / my place of residence (delete one option).
(signature)
- I understand transport is not medically necessary and has not been recommended by EMA Finland, it is requested for compassionate reasons by the patient and/or family.
(signature)
- I advise I am leaving _____, of my own free will and NOT AGAINST the medical advice of the treating physician
(signature)

AIRMEDICAL TRANSPORT CONSIDERATIONS

The risks both medical and others of air medical transport have been explained to me. Such risks include but are not limited to: - -
Changes in atmosphere pressure
Air turbulence
Extended travel time and time zone changes
Fatigue and dehydration
Enforced immobility and access in confined cabin space
Reduced availability of medical personnel and medical equipment compared to a medical facility

I have been informed and understand and accept that such risks and others may exacerbate my medical condition and result in a deterioration.

I authorize the medical personnel escorting me to provide such medical treatment as deemed necessary in my best medical interests. I have been informed and accept the aircraft may deviate from the planned route in the interests of flight safety and/or my medical condition.

Special Circumstances _____

CONSENT AND LIABILITY

I hereby authorize this air medical transport and release and hold harmless "EMA Finland" its employees and agents from any and all liabilities that may result from a change in my medical condition consequent upon the risks of air medical transport as explained and accepted by me or as a result of delays due to weather and transport problems that are not under the direct control of "EMA Finland". Alternatives to this air medical transport, including continuing local medical care, have been informed and explained to me.

CONSENT AND RELEASE OF MEDICAL INFORMATION

I hereby authorise "EMA Finland" to disclose and release medical information concerning the medical assistance provided to me by "EMA Finland" to my treating physician(s), company representative(s) and/or insurance company, including records from the discharging medical facility.

AGREED AND ACCEPTED

Signature of Patient: _____ (_____) Date: _____ (dd/mm/yy)
or Next of Kin relationship of Next of Kin

Printed name: _____

Witnesses on behalf of: _____ Date: _____ (dd/mm/yy)
EMA Finland