



MEDICATION/INJECTION WAIVER ACKNOWLEDGMENT (Form MIW-EHS-20v1)

I understand that:

1. It is my responsibility to discuss all medication(s)/plan of care I receive from EHS with my EHS clinician, my PCP, my various sub-specialist physicians, and my pharmacist.
2. EHS, as well as other clinicians, cannot anticipate whether I will experience adverse reactions, side effects, or allergic reactions, to any medication(s) prescribed to or administered via injection from EHS or from a self-administered injection with a medicine prescribed by EHS. I understand that such reactions can occur to anyone, with any medication, at any time, and that the prescribing clinician and EHS is not a fault for such reactions.
3. If I experience any adverse reactions, side effects, or allergic reactions from a prescription orally taken medicine, an injection (whether intramuscular, subcutaneous, or intravenous) I receive at EHS's direction, or from a self-administered injection with a medicine prescribed by EHS, I understand that it is my responsibility to immediately seek to be evaluated by my EHS clinician, and/or my PCP, and/or by emergency services providers (911, an Emergency Department, etc.) .
4. I understand that any orally taken medicine or any injectable medication can produce minor, moderate, severe, or life-threatening adverse reactions, side effects, or allergic reactions (including anaphylactic reactions and death). I also understand that no adverse reactions may occur after taking an orally prescribed medicine or after receiving an injection of a medication.
5. I acknowledge and understand that EHS is not an emergency care center, and that they do not have equivalently trained staff, resources, or equipment comparable to an emergency care center. I acknowledge that patient care provided at a patient's residence, or other health care facilities, is not intended to handle/provide emergent care. If our patients/patient's responsible guardian feels the patient is experiencing a medical emergency, then they should call 911 to ensure they receive the proper care by the appropriate clinicians in the appropriate setting.
6. In the event of a serious adverse reaction from an orally taken medicine, a topical medicine, and/or an injection given at an EHS facility, in a private residence, or at another health care facility, I understand that the primary role EHS will perform will be their activation of the Emergency Medical Services (EMS) by calling 911. I understand that EHS would do all within their limited resources to render supportive care while awaiting the arrival of EMS staff members.
7. I acknowledge and understand that if I experience a severe reaction from an orally prescribed medication, a topically applied medicine, and/or an injection given at an EHS facility, in a private residence, or at another health care facility, and/or from a self-administered injection with a medicine prescribed by EHS, that EHS could not have predicted ahead of time me experiencing such a reaction, and that EHS is not at fault for such reactions.

8. I agree that I, nor any of my family/friends/or associates on my behalf, will hold EHS responsible should a negative experience or reaction occur after taking any orally prescribed medicine, a topically applied medicine, and/or receiving an injection at an EHS facility, and/or from a self-administered injection with a medicine prescribed by EHS. I will not seek legal action or judgement against EHS and affiliates in the event of said reaction. I understand that in the event of an adverse reaction, I will be held responsible for the expense of legal action in all forms, should I attempt to seek legal action against EHS and its affiliates.