



# Mapleton Public Schools

## MEDICAL TREATMENT REFUSAL FORM

I, \_\_\_\_\_ ("Employee"), refuse medical treatment

provided by my employer, Mapleton Public Schools, for my reported injury/illness which occurred on:

\_\_\_\_\_ at \_\_\_\_\_  
date School location

COMMENTS: \_\_\_\_\_

EMPLOYEE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYEE'S NUMBER: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

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