

AGAINST MEDICAL ADVICE (AMA FORM)

This is to certify that I, Kennedy Smith, a patient at Auburn University Montgomery Student Health Services, am refusing at my own insistence and without the authority of and against the advice of the nurse practitioner(s) Breana Till, CRNP medical treatment. This includes the option of transportation to the nearest medical facility (e. g. Baptist Medical Center East).

The medical risks/benefits have been explained to me by a member of the Student Health Services' staff and I understand those risks.

I hereby release Student Health Services, its staff, and the university from any responsibility for all consequences, which may result in my leaving under these circumstances and not receiving further treatment.

MEDICAL RISKS

☒ Death ☒ Additional pain and/or suffering
☒ Risks to unborn fetus ☐ Permanent disability/disfigurement
Other: _____

MEDICAL BENEFITS

☒ History/physical examination, further additional testing and treatment as indicated.
☒ Radiological imaging such as: CAT scans, X-rays, ultrasounds
☒ Laboratory testing
☒ Potential admission and/or follow-up
☒ Medications
Other: _____

Please return at any time for further evaluation or treatment.

Patient Signature: [Signature] Date: 2/17/26
Nurse Practitioner Signature: [Signature] Date: 2/17/2026
Witness: [Signature] Date: 2/17/26