



State of Nevada  
Do-Not-Resuscitate Identification  
Application – Minor

**Patient Information** (Please Print or Type)

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Street City State Zip

Birthdate: \_\_\_\_\_ Gender:  Male  Female

**Parent or Legal Guardian's Statement**

I, the parent or legal guardian of the above named minor, **do not wish that life-resuscitating treatment be undertaken in the event of a cardiac or respiratory arrest of the above named minor.** Therefore, I direct Emergency Medical Services personnel to withhold life-resuscitating treatment in the event of a cardiac or respiratory arrest of the above named minor.

Parent or Legal Guardian's Name (print): \_\_\_\_\_  
Last First Middle

Agent's Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Street City State Zip

Parent or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attending Physician's Statement**

As required by Nevada Revised Statutes (NRS) 450B.520(2), I certify that I am the above named patient's attending physician/physician who has primary responsibility for the treatment and care of the patient and that the patient suffers from a terminal condition and the patient had been issued a Do-Not-Resuscitate order pursuant to NRS 450B.510.

Attending Physician's Name (Print): \_\_\_\_\_ Phone #: \_\_\_\_\_  
Last First Middle

Agent's Physician's Signature: \_\_\_\_\_ NV License #: \_\_\_\_\_

Office use only:

Received: \_\_\_\_\_ Issued: \_\_\_\_\_ By: \_\_\_\_\_ DNR ID # \_\_\_\_\_

### Applicant Instructions

1. Provide the information required in the **'Patient Information'** section of the application.
2. Sign and date the **'Parent or Legal Guardian Statement'** section of the application.
3. Have the attending physician complete and sign the **'Attending Physician's Statement'** section of the application.
4. Include a check or money order in the amount of \$5, payable to the Division of Public and Behavioral Health, with the completed application
5. Mail the completed application to:

Emergency Medical Systems  
4150 Technology Way, Suite 101  
Carson City, NV 89706

### Attending Physician's Instructions

Complete the **'Attending Physician's Statement'** by;

1. Provide your name, phone number and NV license number; and
2. Sign the **'Attending Physician's Statement'** where indicated.

For additional information please call:  
Division of Public and Behavioral Health  
Emergency Medical Services  
775-687-7590

In accordance with NRS 450B.525, a parent or legal guardian of a minor may apply to the health authority for a DNR identification on behalf of a minor if the minor has been determined by his attending physician to be in a terminal condition and has been issued a DNR pursuant to NRS 450B.510

An application submitted must include, without limitation; certification by the minor's attending physician that the minor suffers from a terminal condition and has been issued a DNR pursuant to NRS 450B.510; a statement that the parent or legal guardian of the minor does not wish that life-resuscitating treatment be undertaken in the event of a cardiac or respiratory arrest; the name of the minor; the name, signature and telephone number of the minor's attending physician and the name, signature and telephone number of the minor's parent or legal guardian.

The parent or legal guardian of the minor may revoke the authorization to withhold life-resuscitating treatment by removing or destroying, or requesting the removal or destruction of the identification or otherwise indicating to the person that he wishes to have the identification removed or destroyed.

DNR Identification will be a card and document issued by the Division of Public and Behavioral Health signifying the person is a qualified patient who wishes not to be resuscitated in the event of cardiac or respiratory arrest. NRS 450B.410.

Life-resuscitating treatment means cardiopulmonary resuscitation (CPR) or any of its components including chest compressions, defibrillation, cardioversion, assisted ventilation, airway intubation and administration of cardiotoxic medications.



State of Nevada

Do-Not-Resuscitate

Identification

Application

Minor  
(Less than 18 years of age)

Division of Public and Behavioral Health

Emergency Medical Systems

4150 Technology Way, Suite 101

Carson City, NV 89706

775-687-7590