

# **City Disaster Risk Reduction and Management Office (CDRRMO)**

## **Patient Approval Form**

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I, \_\_\_\_\_, hereby give my approval to be transported and admitted to the nearest hospital by the City Disaster Risk Reduction and Management Office (CDRRMO) personnel. This document serves as proof that I agree to receive medical care and treatment as deemed necessary by the attending medical professionals at the hospital.

I understand that this approval includes consent for emergency medical treatment and transport services provided by the CDRRMO personnel.

Respectfully,

Signed By:

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