

City Disaster Risk Reduction and Management Office (CDRRMO)

Patient Refusal Form

I, _____, hereby refuse to be transported and admitted to the nearest hospital by the City Disaster Risk Reduction and Management Office (CDRRMO) personnel. I acknowledge that I have been informed of the potential risks and consequences of refusing medical care and transportation to a hospital.

I understand that by refusing this service, I assume full responsibility for any negative outcomes that may result from this decision. I release the CDRRMO personnel from any liability related to my decision to refuse transportation and medical care.

Respectfully,

Signed By:
