Dasmariñas Village Association Inc.
1417 Campanilla Street, Dasmariñas Village, Makati City
Tel. No.: 843-2262: email: dasma.association@yahoo.com

D.V.A. Circular No. 2019 – 04 **January 25, 2019**

DVA EMERGENCY TRANSPORT SERVICE

Dear Residents:

Some of you may have experienced the delay in the arrival of the LIFELINE ambulance in extreme emergency cases. Lifeline does not have a dedicated ambulance to service our community; and coupled with the unpredictable traffic within the vicinity, its arrival can cause serious concern in emergency cases.

Your Board has acquired a brand new vehicle which can be used to ferry patients in emergency cases. The vehicle is available 24/7; with a designated driver at every shift and at least one guard who has undergone First Aid and Basic Life Support training by the Red Cross (much thanks to our DVA resident, Atty. Sig Fortun who oversees the Fire Fighters Program which he organized in 2007 and which serves as the basis for the First Aid and Basic Life Support training). This vehicle is equipped with an Oxygen tank, stretcher, and first aid kit.

Attached is a copy of the WAIVER form that will have to be signed by the resident-patient or the representative of the resident-patient prior to conveyance to the hospital designated by the resident's representative or by the patient.

You may call the following numbers for ambulance services in case of emergency:

LIFELINE : 16 – 911 **DVA HOTLINE: 952 – 7777**

If the condition of the patient would need the presence of a trained medical practitioner, we strongly suggest that you call LIFELINE. To reiterate, it is the intent that the vehicle will serve as the quickest and swiftest transport to ferry the patient to the designated hospital.

For comments/suggestions, please send them to this email address: dasmarinasvillage@gmail.com.

Thank you.

DVA MANAGEMENT

encl: Waiver Form
cc : Security Officer

Dasmariñas Village Association
INCORPORATED
1417 CAMPANILLA STREET, DASMARIÑAS VILLAGE, MAKATI CITY
Tel.: 843-2262 / 843-9138; Fax:810-2795; Email:dasma.association@yahoo.com

WAIVER

I, _____ resident/s of
(name of representative of patient/s representing name of patient/s

of _____ Street, Dasmariñas Village, Makati City, hereby request for the use of the ambulance and the assistance of personnel of Dasmariñas Village Association, Inc., (DVA) for purposes of bringing _____ to the nearest hospital.
(name of patient/s)

In this regard, we hereby render the attending personnel and/or any of the responsible officers or employees of DVA, free and harmless from any claim, damage, and liability arising from the use of the ambulance.

Moreover, we hereby waive and/or relinquish any and all causes of action which the patient/s and/or his heirs and/or representatives may have in connection with the use of the ambulance above mentioned.

Conforme:

_____
Patient/s Signature Over Printed Name

By:

_____
Representative Signature Over Printed Name

Date : _____