



**Physician Authorization Letter  
Child Patient**

Dear Angel Flight of Georgia,

\_\_\_\_\_ ("Patient") is in my care and requires transportation from \_\_\_\_\_ to \_\_\_\_\_.

I agree that the Patient:

- is currently in and is expected to be in a stable medical condition, not requiring specific or acute medical care during transportation;
- is non-contagious; and
- has a legitimate medical appointment that is not available locally.

I understand that the volunteer pilots of Angel Flight of Georgia provide free air transportation in privately owned general aviation airplanes and that these airplanes (which are typically unpressurized) could fly at altitudes as high as 10,000 feet without a need for supplemental oxygen.

I further certify that:

- \_\_\_ Car travel is too difficult/time consuming
- \_\_\_ Patient/Guardian can not afford alternative travel costs
- \_\_\_ Patient is not able to travel on public transportation due to condition
- \_\_\_ Other \_\_\_\_\_

This Authorization is good for:

- \_\_\_ this flight only.
- \_\_\_ 1 year from execution date.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Physician name (Please print)

\_\_\_\_\_  
Physician Signature

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_