



Mission Guidelines Form

Rev 3/09

Patient's Name: _____ Date: _____

Contact name, phone # & relationship to patient: _____

All patients must agree to the following before being accepted for air transportation:

- _____ 1. Patient is able to walk & climb steps without assistance (unless the patient is a child under 6 years old) and is medically stable.
- _____ 2. Patient service is not available locally nor can patient endure lengthy ground transportation.
- _____ 3. Patient/family can not afford commercial air transportation for treatments.
- _____ 4. Patient is able to ride in a small, non-pressurized airplane that is not equipped for medical emergencies.
- _____ 5. Patient will provide own ground transportation to airport for departure & from the airport to treatment center.
- _____ 6. Patient will provide a physician that has recently seen the patient that will authorize travel. We will need their name & fax number within 24 hours of intake.
- _____ 7. All passengers must agree to sign a waiver at airport before departure.
- _____ 8. Agree not to exceed our baggage weight limit, & understand that the mission can not fly if limit is violated.
- _____ 9. Agree to verbally thank our volunteer pilots during your flight. And after your flight, to write thank you notes to each volunteer from a list that we will provide.
- _____ 10. Understand that weather can affect the ability to complete missions.
- _____ 11. Notify us if your appointment cancels or if you make other travel plans and do not need our service.

Name

Date