



FLIGHT REQUEST

2764 N. Green Valley Pkwy. #115
 Green Valley, NV 89014-2120
 Phone (702) 261-0494 → Fax (702) 261-0497
 www.miracleflightsforkids.org

PATIENT INFORMATION					
PLEASE PRINT OR TYPE – ALL INFORMATION MUST BE PROVIDED					
Today's Date	Last Name	First Name	Date of Birth	Age	Sex
Address		City	State	Zip	
Home Phone ()	Business Phone ()	Cell Number ()		Email Address	
PARENT or LEGAL GUARDIAN INFORMATION					
Name		Address		Phone Number ()	Relationship to Patient
Name		Address		Phone Number ()	Relationship to Patient
PHYSICIAN INFORMATION					
Local Physician Name			Phone Number ()	Fax Number ()	
Local Physician Address					
Treatment Site Physician			Phone Number ()	Fax Number ()	
Treatment Facility Name			Treatment Facility Address		
MEDICAL CONDITION:					
Diagnosis			Type of Treatment		
How did you hear about us? <input type="checkbox"/> Local Physician <input type="checkbox"/> Treatment Site Physician <input type="checkbox"/> Social Worker <input type="checkbox"/> Internet <input type="checkbox"/> Google Ad <input type="checkbox"/> Another MFFK Family <input type="checkbox"/> Previously Used <input type="checkbox"/> Other: _____					
IMPORTANT FLIGHT INFORMATION – PLEASE READ CAREFULLY AND SIGN FLIGHTS CANNOT BE ARRANGED WITHOUT THIS SIGNATURE: I, _____ (parent or legal guardian), am aware that commercial flights arranged by Miracle Flights for Kids are charitable in nature and therefore may occur during off-peak hours and may include stopovers and/or plane changes . I also understand that flights can only be arranged according to Miracle Flights for Kids' guidelines, as follows: Children Age 17 and Under: Miracle Flights will consider requests to fly the child and parent/legal guardian. Adult Age 18 and Over: Miracle Flights will consider requests to fly the adult patient only. Adult caregivers will be evaluated on a case by case basis. I am aware that any other accompanying parties are responsible for their own flight arrangements, and understand that these flight arrangements may or may not be compatible with the flight arranged for me by Miracle Flights for Kids. Signed _____ on this date _____, 2010.					
Name(s) of person(s) who will accompany patient:			Address		Phone Number ()
Airport of Origin	Alternate Airport	Destination Airport		Alternate Airport	
Flight Date	All Appointment Dates/Time			Return Date	
Special Requirements or Additional Data (oxygen, wheelchair, medical equipment, etc.)					