



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	Weight	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			
REFERRING AGENCY (How did you hear about Miracle Flights for Kids?)						
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:						
<u>Children Age 17 and Under:</u> Miracle Flights will consider requests to fly the child and parent/legal guardian.						
<u>Adult Age 18 and Over:</u> 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	Appointment Date/Time/Length of Stay			Return Date		
Special Requirements or Additional Data (oxygen, wheelchair, medical equipment, etc.)						