Operation Liftoff, Inc.

Application for a treatment trip

Please fill in all requested information, check yes/no where appropriate, and sign release.

Child's Name ________________ Birthdate __________ Age _____ Sex _____

	Name	Travel		Custody	
Mother	________________	Yes	No	Yes	No
Father	________________	Yes	No	Yes	No
Legal Guardian	________________	Yes	No	Yes	No
Other	________________	Yes	No	Yes	No

(We will provide air transportation for the child and one parent and/or legal guardian. Both parents may travel if certain requirements are met.)

Home address of child and custodial parent's phone numbers

Street address ________________ City/State/Zip ________________

Home Phone number ________________ Work Phone number ________________

Cell phone number ________________ Fax number ________________

E-mail address ________________

Travel Information

Departure City ________________ Destination City ________________

Depart Date ________________ Requested Time ________________

Return Date ________________ Requested Time ________________

What time is your first appointment? ________________

Does the child need any medical equipment (i.e. Oxygen, wheelchair, etc.) for the flight? ________________

Medical Information

Child's Illness ________________

Local Doctor's name ________________ Phone number ________________

Doctor's Address ________________ City/State/Zip ________________

Doctor's Fax Number ________________

Destination Doctor's name ________________ Phone number ________________

Doctor's Address ________________ City/State/Zip ________________

Doctor's Fax Number ________________

Additional information that you believe may be an aid to Operation Liftoff in evaluating your request:

____

____

____

Have you received transportation through American Airlines "Miles for Kids in Need" Program before?

Yes No If yes, Date of trip ________________

Have you received transportation through Operation Liftoff, Inc. before?

Yes No If yes, Date of trip ________________

ALL LEGAL GUARDIANS MUST READ & SIGN THE FOLLOWING LIABILITY RELEASE

By my/our signature(s) set forth below, and in consideration of Operation Liftoff, Inc. granting said wish trip or treatment trip, I/we release Operation Liftoff Inc. and all of its agents, officers, directors, employees and volunteers from any liability whatsoever in connection with preparation, execution and fulfillment of said wish, on behalf of ourselves, the above named wish child or the child receiving treatment, and all other participants. The scope of this Release shall include, but not be limited to, damages, losses or injuries encountered in connection with transportation, food, lodging, medical concerns (physical and emotional), entertainment, photographs and physical injury in any kind. In addition I/we certify that the above first named child has not reached the age of 18, has a life threatening illness, and in the case of a wish trip, **HAS NEVER BEEN GRANTED A "WISH" FROM THIS OR ANY OTHER WISH GRANTING ORGANIZATION.** I/we further authorize the use of said pictures, regarding any interviews in any manner that Operation Liftoff, Inc. deems appropriate at any time. '""""""""""""No publicity please
I/we authorize Operation Liftoff, Inc. to acquire, share, and distribute medical information of the first named child for purposes of determining eligibility and assist Operation Liftoff, Inc. in its function of granting and rendering of (a) trip(s) as requested.

The undersigned certifies that he/she/they is/are the legal guardian(s) of all the children identified above.

'"""""""""""""""""Signature	Signature	Signature
Printed the above	Printed the above	Printed the above
Relationship to above child	Relationship to above child	Relationship to above child

Medical Authorization And Vital Medical Information

For________________________________

1. Medical doctor's name at distant location: ____
2. Telephone number of the above treating medical doctor: ____________________________
3. Emergency number of the above treating medical doctor: ____________________________
4. Diagnosis: ____
5. Overall Current medical condition is ____
6. Plan of treatment is ____
   (The child must be receiving <u>treatment</u>; follow up appointments, consultations and second opinions do not qualify)
7. The patient requires the following medical equipment while en route:

   ____

8. Route of flight:_____________________________to _________________________________
9. **As <u>Primary care physician</u> for the above patient, I am familiar with his/her condition and of the opinion that the subject patient has a <u>high probability of not surviving beyond his or her eighteenth year</u>, unless medical procedures can reverse the progression of this illness. Further I am of the opinion that the treatment that is scheduled to be rendered for the designated child is <u>not available in the area</u> that I practice. Physician's initials ______ I agree _____ I disagree.**

Physician's Signature _________________________________ Date _______________________

Physician's printed name ____

Telephone number _______________________________ Fax number_______________________

Person that can be reached if additional information is needed ___________________________

Signature of witness ___________________________________

Date ________________________________

In **addition** to the 3 forms we need the following two letters:

One letter from your local Doctor stating:

- Information on the child's medical background
- Information on the child's current condition
- Physician must verify that the child is medically stable to fly
- Physician must inform us of any special assistance needed on the flight
- Hospital/Physician that the child is being referred to

One letter from the Doctor/Hospital, to which the child is being referred confirming the child's appointment.

These letters need to be typed on the Doctors' letterhead and be dated and signed by the Doctor.

Once all paper work is received, we need a minimum of 16 business days to process; however, applications submitted at least 31 business days in advance of requested trip have a much greater chance of being granted.

Please fax all materials directly to Operation Liftoff at (618) 722-5181. Or, scan and email documents to request@operationliftoff.org.

If you need further information or have concerns please email us at request@operationliftoff.org.