

# Operation Liftoff, Inc.

Application for a treatment trip

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

	<u>First Name</u>	<u>MI</u>	<u>Last Name</u>	Age	DOB	Sex	<u>Travel</u>	<u>Custody</u>
Child	_____	_____	_____	_____	___/___/___	_____	_____	_____
Mother	_____	_____	_____	_____	DOB ___/___/___	Yes/No	Yes/No	_____
Father	_____	_____	_____	_____	DOB ___/___/___	Yes/No	Yes/No	_____
Legal Guardian	_____	_____	_____	_____	DOB ___/___/___	Yes/No	Yes/No	_____
Other	_____	_____	_____	_____	DOB ___/___/___	Yes/No	Yes/No	_____

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

### Home address of child

Street address \_\_\_\_\_ City and State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_  
Fax (\_\_\_\_) \_\_\_\_\_ 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 and State \_\_\_\_\_ zip \_\_\_\_\_  
Doctor's Fax Number (\_\_\_\_) \_\_\_\_\_  
  
Destination Doctor's name \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_  
Doctor's Address \_\_\_\_\_ City and 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 \_\_\_\_\_

**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 children	_____ Relationship to above children	_____ Relationship to above children

# 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 treatment; follow up appointments, consolations and second opinions do not qualify)
7. The patient requires the following medical equipment while en route  
\_\_\_\_\_
8. Route of flight: \_\_\_\_\_ to \_\_\_\_\_
9. As **Primary care physician** for the above patient, I am familiar with his/her condition and of the opinion that the subject patient has a **high probability of not surviving beyond his or her eighteenth year**, 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 **not available in the area that I practice**. Physician's initials \_\_\_\_\_ I agree \_\_\_\_\_ I disagree.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's printed name \_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_ Fax number (\_\_\_\_) \_\_\_\_\_

Name of 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 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 medical 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 from the Doctor/Hospital**, to which the child is being referred confirming the child's appointment.

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

Once all paper work is received, we need a minimum of 14 business days to process; however, applications submitted at least 30 business days in advance of requested trip have a much greater chance of being granted.

Please fax all materials directly to Operation Liftoff at (314) 298-1699.

If you need further information or have concerns please feel to contact us at (314) 298-9770