

Medical Emergency Flight Waiver

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], hereby grant permission for my family member, [Family Member's Name], to undergo emergency medical transport via air due to a medical emergency. I understand the risks associated with this transport and accept full responsibility for any outcomes that may arise during this process.

This waiver acknowledges my awareness of the potential hazards involved and releases the medical transport service from any liabilities.

Emergency Contact Information:

- Name: [Your Name]
- Phone: [Your Phone Number]
- Email: [Your Email Address]

Signature: _____

Name: [Your Name]

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]