

# Medical Emergency Flight Waiver

Date: [Insert Date]

To Whom It May Concern,

This letter is to confirm that I, [Patient's Full Name], am requesting an emergency transport via air ambulance to [Destination Hospital Name]. I understand that this transport is necessary for my medical condition, which has been assessed and deemed urgent by my healthcare provider.

By signing this waiver, I acknowledge and accept the risks associated with air transport for medical emergencies. I release [Transport Company Name], its affiliates, employees, and agents from any liability related to this transportation.

Please find below my medical information for reference:

- Patient ID: [Insert ID]
- Diagnosis: [Insert Diagnosis]
- Physician's Name: [Insert Physician's Name]
- Contact Number: [Insert Contact Number]

I confirm that I have read and understood the terms of this waiver and voluntarily agree to the conditions outlined herein.

Signature: \_\_\_\_\_

Name: [Patient's Full Name]

Date: [Insert Date]