

# Medical Emergency Flight Waiver Request

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Airline/Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a waiver regarding the flight cancellation policy for my upcoming flight scheduled on [Insert Flight Date] from [Departure Location] to [Destination]. Unfortunately, I am experiencing a medical emergency that requires immediate and unforeseen attention.

The details of my situation are as follows:

- Passenger Name: [Your Name]
- Flight Number: [Your Flight Number]
- Booking Reference: [Your Booking Reference]
- Medical Condition: [Brief Description of the Condition]
- Doctor's Note: [Attach if applicable]

Given the circumstances, I kindly request a waiver for any cancellation or change fees associated with my flight. I appreciate your understanding and support in this urgent matter.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Contact Information]

[Your Address]