

Medical Emergency Flight Waiver

Date: _____

To Whom It May Concern,

I, **[Patient's Name]**, born on **[Date of Birth]**, am writing to formally request a medical flight waiver for urgent medical care. Due to a critical health situation, I require immediate transportation for medical treatment.

I understand the risks associated with air travel in my current condition and hereby release **[Air Ambulance Service/Provider Name]** from any liability regarding my transport. I confirm that the medical staff on board has been informed of my medical history and immediate needs.

Patient's Signature: _____

Authorized Representative Signature (if applicable): _____

Contact Information:

Phone: _____

Email: _____

Thank you for your prompt attention to this urgent matter.

Sincerely,

[Patient's Name]