



Medical Authorization Form

Founded in 2003, Kids in Flight is a non-profit organization that uses aviation related activities and airplane rides to give children with serious illnesses or disabilities an opportunity to escape by soaring above their crises, complications and struggles. Through a variety of exciting, fun-filled programs and the thrill of flight, children and their families share unique bonding experiences that will be remembered forever.

Since you are the child's attending physician, we are asking you to provide your authorization that it is safe for this child to take a sightseeing flight lasting approximately 30 minutes in a small, non-pressurized aircraft. The aircraft typically will not go above 5,000 feet. This form also confirms the child's condition and treatment as specified in his or her online application.

Child's First and Last Name:

Child's illness/condition/disability:

Is the child currently in treatment?

Is the child ambulatory (i.e. Will he/she be able to enter and exit a small plane without significant assistance)?

Is the child able to travel in a small aircraft (i.e. Is he/she able to sit comfortably in the backseat of a car for at least 30 minutes)?

Is the child able to travel in a non-pressurized aircraft?

Is it medically safe for this child to fly?

Physician's First and Last Name:

Physician's Signature:

Date:

Completed form may be returned to parent/guardian for submission at check-in on event day or may be emailed to registration@kidsinflight.org prior to June 21, 2017. Thank you.