

IMPORTANT INFORMATION TO PATIENT AND PASSENGER

Enclosed are Wings of Mercy MN, Inc. Authorization and Waiver Forms. These must be properly filled out and sent to the flight director before a flight can be scheduled.

Give the Flight Director as much time as possible to arrange the flight. Many of our pilots are business men who volunteer their time to provide flights. We generally arrange flights 7 - 10 days or more in advance. All flights depend on weather conditions and pilot availability.

One of the pilots assigned to your flight will contact you with all the important details at least 24 hours before departure. Plan to arrive at the airport 30 minutes prior to your expected departure time.

If there are any changes in your schedule, call Wings of Mercy Flight Director, Richard LaBute immediately.

Please read the enclosed information. It will acquaint you with the patient requirements and Wings of Mercy MN policies.

It is our mission to provide safe, rapid, comfortable transportation to and from the medical center; our mission is accomplished after you are safely at your designated airport. Transportation to and from the medical center should be arranged with private transportation; cab, van or shuttle bus.

Flight Director: Richard LaBute

Phone: (763) 682-5657 Fax: (763) 682-3763

Email: dickandyoko@bwig.net

Wings of Mercy MN / PO Box 1921, 7098 East Fish Lake Road, Maple Grove, MN 55311 (800)986-3729 (763)416-4736 Alternate Fax (763)416-3776



Recipient Information

Name:					
Street Address:					
City, State, Zip:	-				
Home Phone:	Cell Phone:_		Alternate (Cell Phone:	
Email Address:					
Name:		Emergency Conta		·	
Relationship:					
		Travel Info	rmation		
Date of Flight:			Preferred A	Airport:	
Number of Passengers:					
Passenger Weight:	Seco	ond Passenger W	eight:	Baggage Weight:	
Patient Waiver Received: Doctor's Certification Receiv					
		Medical Info	ormation		
Current Diagnosis / Conditio	n:			nysician:	
Ability to Move: Normal	Restricted	Wheelchair	Stretcher		
		Financial	Need		
	(Facto	rs that affect you	ır financial sta	bility)	
	Potur	n to: Dichard La	Puto Elight Dire	actor	

Return to: Richard LaBute, Flight Director Wings of Mercy MN, Inc.
Phone: 763 682 5657
Fax: 763 682 3763

Fax: 763 682 3763 dickandyoko@bwig.net

Wings of Mercy MN PO Box 1921 Maple Grove, MN 55311 (800) 986 3729 (763) 416 4736 Alternate Fax: 763 416 3776

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WAIVER OF LIABILITY

To whom it may concern:

That in consideration of their providing free air transportation and solely for my / our benefit; I / we, the undersigned do hereby release the non-commercial and nonprofit "Wings of Mercy Minnesota, Inc." and volunteer pilot(s) and owner(s) of any aircraft whose use is volunteered under this program ...

AND

Fully without reservation from any and all claims whatsoever of culpability, responsibility, fault or liability for any inadvertent injury and / or damage while boarding, while aboard, or while deplaning any aircraft assigned and / or provided by "Wings of Mercy Minnesota, Inc. and operated by said pilots ...

AND

Furthermore, I / we do herewith unequivocally waive and deny, for myself / ourselves and all my / our assigns, all right to pursue any action against "Wings of Mercy Minnesota, Inc." and / or the pilot(s) or aircraft owner(s) acting on behalf of "Wings of Mercy Minnesota, Inc." for any action or inaction executed or suffered by them in good faith.

PASSENGER INFORMATION

Print Name		Print Name	
Signature	Date	Signature	Date
Street Address		Street Address	
City/State/Zip		City/State/Zip	
Phone	······································	 Phone	

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DOCTOR'S CERTIFICATION

MEDICAL DOCTOR'S CERTIFICATION OF PATIENT FLIGHT

l,	_ do hereby certify that my patient
Physician's Name	
Patient's Name	
is medically stable and can be safely transported in an unpressurized o by or arranged for by "Wings of Mercy Minnesota, Inc. without charge, and / or from the medical center named here:	•
Facility Name	City, State
for required medical treatment. I further certify that said patient is not effects at altitudes consistent with non-pressurized or pressurized aircr financially unable to afford the cost of commercial air transportation.	
Physician's Signature	Date
Dated At: City and State	

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