



CASA FLIGHT REQUEST FORM



TRAVELER INFORMATION

Name:

Date of birth:

Weight (lbs):

Address:

City:

State:

ZIP Code:

Home/Work Phone:

Mobile Phone:

Email:

COMPANION INFORMATION (if applicable)

Name:

Date of birth:

Weight (lbs):

Home/Work Phone:

Mobile Phone:

Email:

Relationship to Passenger:

FLIGHT INFORMATION

Flight Departure Date:

Flight Return Date:

☐ Dates are Flexible

From:

To:

Travel Day Exceptions:

Duration of Stay (hours, days, weeks, etc.):

Origination City:

Destination City:

Number of Passengers Departing:

Number of Passengers Returning:

Reason for Travel:

CONTACT INFORMATION FOR OVERNIGHT STAYS

Contact Name (Passenger/Companion):

Contact Phone:

TRAVEL REQUIREMENTS

- Passengers under 18 years of age must be accompanied by a parent or adult guardian.
- Luggage must not exceed 50lbs total for all passengers.
- At least 7 business days are required to arrange a flight.
- Weight is a major factor for flying in small planes. Please notify us immediately of any changes in passenger weight or the number of passengers traveling.



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The traveler must agree to the following criteria before a mission is scheduled:

1. Traveler must have a back-up plan for the outgoing and return trip. Flights are not guaranteed and may be cancelled at the last minute due to weather or mechanical issues. Back-up plans may include rescheduling an appointment, driving, or making arrangements to travel by a commercial flight or bus.
 2. Traveler and companion must be ambulatory and able to climb in and out of a small plane by stepping up 16 to 20 inches with limited assistance. Passengers must also be able to sit upright for the duration of the flight.
 3. Traveler and/or companion cannot be more than 20 weeks pregnant.
 4. Traveler and companion must be able to travel in small, non-pressurized planes that typically seat 4-6 passengers.
 5. Travelers under the age of 18 must be accompanied by a parent or adult guardian.
 6. The parent and/or guardian is responsible for providing age-appropriate safety seats for children traveling in aircraft and motorized vehicles. Angel Flight South Central (AFSC) does not provide safety seats. For information on safety seat requirements in vehicles for travel within Texas, please contact our office.
 7. All companions traveling with the patient must be approved by AFSC prior to the day of the flight. Weight is extremely critical on a small plane.
 8. Luggage is limited to 50lbs total for all passengers, including special equipment. Please bring carry-on size luggage that is soft-sided. Excessive luggage will need to be mailed or left behind.
 9. It is the traveler's responsibility to notify AFSC of any changes in appointments, cancelled flights, alternate transportation arrangements, companions, etc. Any changes not provided to AFSC prior to the flight will not be accommodated.
 10. The traveler is responsible for making lodging and ground transportation arrangements.
 11. All passengers are required to be on time for each flight. The pilot(s) will arrange a pick-up time and meeting location prior to each trip. Any delays may result in late departures, missed connecting flights, or cancelled missions.
 12. All passengers will be required to sign a waiver of liability prior to departure for each flight.
 13. Passengers may be on a plane for up to 4 hours at a time, and most planes do not have restrooms on board. Depending on distance, passengers may travel on up to 3 different planes. Food and non-alcoholic beverages are permitted on the flight.
 14. Travelers are not permitted to contact pilots who have flown them on previous AFSC missions. All new and future requests must be made through the AFSC office.
 15. Passengers are not permitted to request additional funds from AFSC volunteers to help cover ground transportation, hotel accommodations, etc. Nor are they allowed to request ground transportation from the pilot once they arrive at their destination.
- ☐ I am the patient or legal guardian. I have read and agree to abide by all requirements outlined above. I understand that failure to comply with any of the above statements may result in the termination of services provided to me by AFSC.
- ☐ I am the traveler's representative. I acknowledge responsibility for ensuring that the traveler is fully aware of the requirements outlined above. I certify that the traveler agrees to abide by these policies and understands that failure to do so may result in the termination of services to the traveler by AFSC.

Signature: _____ Date: _____