



## TRAVEL FOR MEDICAL TREATMENT

Thank you for contacting Miles For Kids In Need.

The following information is provided to assist you with your request for air travel on American Airlines for the purpose of obtaining medical treatment for a minor child.

All fields on this application are **required**. If a field does not pertain to your request, enter "n/a" (not applicable). We receive thousands of requests each year and failure to provide the required information may result in delays and possibly a declined request.

This application is designed to be completed on a computer and then printed and faxed to **817.931.6890**, along with all other required documents. However, if you have the ability to convert all the required documents as attachments, you may e-mail them to [Miles.Kids@aa.com](mailto:Miles.Kids@aa.com).

### Program Details

- To be considered for the program, candidate must be a dependent child not older than 18 years of age when application is received by American Airlines Miles for Kids in Need.
- Application must be completed in English.
- Every effort will be made to review your application within 20 business days, and written notification of the Committee's decision will be sent to the requestor. If the request is approved, American Airlines will provide coach round-trip tickets for the child and one parent or legal guardian traveling with the child.
- Transportation to/from medical conventions, conferences, training or teaching seminars, camps, fitness programs, etc. is not permitted.
- Transportation related to adoptions is not permitted.
- Transportation is restricted to medical facilities and services provided in the 48 contiguous states, Alaska and Canada (provided AA has service).
- Requests may not be for emergency or last minute travel.
- No stopovers are permitted.
- Participation is limited to one round-trip coach class ticket per child.
- Parent or legal guardian must accompany the child on all segments of travel, and reservations may not be split.
- Parent/legal guardian and the child must return as soon as treatment is complete and duration of travel may not exceed 1 year.
- If for some reason a parent or guardian cannot accompany the child, Airline Ambassadors should be contacted and may be able to assist. Contact Margaret Whitehead, Director of Children's Escort Programs at [escort@airlineamb.org](mailto:escort@airlineamb.org) to make the necessary arrangements.
- All taxes, departure and/or airport fees are the sole responsibility of the passengers.
- Purchase of oxygen or other items are the sole responsibility of the passengers.
- If request is approved, it is the sole responsibility of the passengers to provide valid documents (driver's license, passport, visa, power of attorney if child is traveling with legal guardian, etc) for travel.
- American is not liable for any expense incurred as a consequence of a flight cancelation or delay.

### TRAVEL FOR MEDICAL TREATMENT

- A portion or all travel booked on American Airlines may be operated by American Eagle or AmericanConnection® carriers only and does not apply to other airlines. Travel is valid on American Airlines, American Eagle® and AmericanConnection® carriers and does not apply to other codeshare flights. American Eagle service is operated by American Eagle Airlines, Inc., or Executive Airlines, Inc., which are wholly owned by American's parent company. AmericanConnection® service is operated by Chautauqua Airlines, Inc. which is an independent contractor.

*American Airlines provides only air transport services in connection with the Miles for Kids in Need program. Miles for Kids in Need, American Airlines and its affiliates (including, but not limited to, American Eagle® and AmericanConnection® carriers and their respective affiliates), and their respective directors, officers, shareholders, employees, agents and representatives, are not responsible and will not be liable for the medical treatment and/or any issues in connection with or arising from the medical treatment.*

**The below listed documents must be attached to this application.**

**Failure to provide required documentation may result in delays and possibly a declined request.**

#### **Personal Requirements**

- Copy of birth certificate or other proof that the child is not older than 18 years.
- Proof of legal guardianship of the person accompanying the child. There may be additional legal documentation required that may apply to this trip. It is the sole responsibility of accompanying adult to provide this documentation.
- Copy of a valid visa for both passengers, if travel originates outside the United States.

#### **Medical Requirements**

- Letter of recommendation from a social worker at a medical facility, or from a non-profit organization or church:
  - If from a social worker, proof of employment and occupation at a medical facility is required.
  - If from a non-profit organization or church, official government certificate of status required.
- Typed letter (on letterhead) from a local physician, dated and signed by the physician, containing the following information:
  - Statement specifically documenting the necessity for medical treatment at a U.S. facility.
  - Information about the child's medical background.
  - Information about the child's current medical condition.
  - A statement that the child is medically stable and able to use air transportation.
  - Identification of special needs or assistance required during the flights. (Note: If oxygen is required, it must be requested in advance and payment is the responsibility of the passenger.)
  - The name of the hospital/facility to which the child is traveling.
  - The name of the physician that is overseeing the treatment.
- Proof of confirmed appointment with a U.S. physician or hospital where the treatment is to take place.

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**Instructions**

- Use the TAB Key to advance; use the SHIFT-TAB Keys to go back. Do not use the ENTER Key.
- All fields are **required**. If a field does not pertain to your request, enter “n/a” (not applicable).
- When complete, PRINT this form and submit with other required documentation.

Date	
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**Requestor (non-profit organization, hospital, physician, etc)**

Name	
Federal Exempt # (U.S. ONLY)	
Street address	
City	
State	
Zip / Postal Code	
Country	
Contact Name	
Contact Phone	
Contact FAX	
Contact e-mail	
Comments	

**Minor Child Information**

Full name	
Date of birth	
Street address	
City	
State	
Zip / Postal Code	
Country	
Nature of illness	
Reason for requesting air transportation	
Medical needs while traveling: <ul style="list-style-type: none"> <li>• Wheelchair is available for use at airports, but must be requested prior to travel</li> <li>• Oxygen is available at passenger’s expense and must be ordered in advance of travel.</li> </ul>	
Origin City	
Destination City	
Outbound travel date	
Return travel date	
Name of destination hospital or facility	
Name of doctor overseeing treatment	

**TRAVEL FOR MEDICAL TREATMENT**

**Parent Information**

Full name	
Date of birth	
Street address	
City	
State	
Zip / Postal Code	
Country	
Daytime phone	
Emergency phone	
FAX	
e-mail address	

**Guardian/Escort traveling with the child (if not the parent)**

Full name	
Date of birth	
Street address	
City	
State	
Zip / Postal Code	
Country	
Daytime phone	
Emergency phone	
FAX	
e-mail address	

**Information about the person completing this application:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

Relationship to minor child: \_\_\_\_\_

**Please read the statement below, then sign and date this application:**

I attest that the information provided in this application is true and accurate to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fax this application and all other required documents to: 817.931.6890**

*If you have the ability to convert all the required documents as attachments, you may e-mail them to [Miles.Kids@aa.com](mailto:Miles.Kids@aa.com).*