



ESSENTIAL INFORMATION FORM

Completion of this form is compulsory for approval of all flight and other transport requests made to Wings and Wishes.

Date: _____

Patient full name: _____

Patient ID number:

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Patient Date of birth: Day/Month/Year

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Race : Black White Coloured Asian (Statistical purposes only)

Gender: Male Female

Condition / Illness: _____

Treatment Required: _____

Home Address: _____

Mother Full name: _____

Mother ID number: _____

Cell Number: _____

Father Full name: _____

Father ID number _____

Cell Number: _____

Medical Aid Scheme: _____

Medical Aid Number: _____

Full name of Referring Doctor: _____

Dr Contact Telephone Number/s: _____

Name of Hospital / Clinic: _____

We hereby confirm that all information supplied is correct.

Signed: (Parent_) _____ Signed: (Doctor) _____

Name of parent: _____ Name of Doctor: _____

Disclaimer: If Wings and Wishes, NPO 058-976, sponsors and pays for the cost of a flight or other transport, such sponsorship will be concluded on the basis that Wings and Wishes shall be under no legal obligation to pay for further travel expenses or any other expenses, which may be required in the future, and that Wings and Wishes shall not be liable for any loss or damage which the patient or the parents may suffer. The sponsorship will be subject to the conclusion of an appropriate agreement to this effect. Please note that all flight changes can only be made through RENNIES, on telephone (041) 395-4127. After hours Emergency: (021) 527-4316.