



**AIR CANADA  
FOUNDATION**

## **Air Canada Foundation – Hospital Transportation Program**

### Policy Guidelines:

This program is for out-of-province medical travel for one child (18 years old or under) and one accompanying adult. The applicants must be residents of Saskatchewan.

1. **The family must complete and return the JPCHF application at least 10 days prior to the desired departure date.** The application must be complete particularly detailing any special requirements for Air Canada – e.g. oxygen, wheelchair, meals etc.

2. Along with the application, the family must provide written documentation from their specialist **and/or** pediatrician/family doctor explaining why out-of province travel is required, before any arrangements can be made.

3. Each application will be considered based upon urgency and need, with each application being reviewed on a "case by case" basis. Should the application be approved, the return airfare will be provided for the child and one accompanying adult.

4. Travel arrangements will be dependent upon availability with Air Canada.

5. The family will need to supply JPCHF and Air Canada (departing and returning) with a medical note from the child's doctor indicating that it is safe for the child to travel via plane and that should any complications arise from the air travel, that Air Canada is in no way liable for those.

6. The family must be able to produce the appropriate travel documents as required by federal government regulations including photo identification, birth certificates, and legal documents pertaining to custody arrangements. Failure to provide these documents will result in rejection of the application.

7. After approval of one trip for a family, JPCHF will consider follow-up visits in future, should it be required. These subsequent trips are in no way guaranteed but will be considered amongst other applications.

8. After returning from medical out-of province treatment using JPCHF and Air Canada Foundation Family Medical Transport Program, the family should be amenable to publicly thanking and/or acknowledging the two organizations for their assistance and contribution, if requested.

*This application will be reviewed and approved through the Executive staff and/or Board of Directors of JPCHF on a case by case basis.*



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Please complete the following:

### Applicant Information

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F

Parent(s) name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Email address (if applicable): \_\_\_\_\_

### Medical Information

Brief description of child's illness: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of child's specialist: \_\_\_\_\_  
Phone number: \_\_\_\_\_

Name of child's family doctor: \_\_\_\_\_  
Phone number: \_\_\_\_\_

\*Please attach written documentation from the child's specialist and/or family doctor explaining why out-of-province travel is necessary (see #2 of Policy Guidelines).

### Travel information

Please specify the medical appointment/surgery date: \_\_\_\_\_

Please specify the desired departure date: \_\_\_\_\_

From which city: \_\_\_\_\_

To which city: \_\_\_\_\_

Please specify the desired return date: \_\_\_\_\_

Name of accompanying adult for air travel: \_\_\_\_\_

Does the child or adult need any special travel arrangements (e.g. oxygen, wheelchair, special meals)? If so, please specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You may email completed application and supporting documents to:

[info@pattisonchildrens.ca](mailto:info@pattisonchildrens.ca)

or mail to: Jim Pattison Children's Hospital Foundation

1 -345 3<sup>rd</sup> Avenue South, Saskatoon, SK, S7K 1M6

Phone 306.931.4887; Fax 306.931.4618

*We will process your application within five business days and contact you then.*

*Thank you.*

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For office use only: date received: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Approved

Not approved

JPCHF: Called family back: \_\_\_\_\_

Spoke with: \_\_\_\_\_

Next steps: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_