



## **FLYING ANGELS FOUNDATION ETS GUIDELINES**

With a view to more effective and structured collaboration between the Flying Angels Foundation (FAF) and nonprofit organizations (NPOs), hospitals, doctors, or private individuals—hereinafter referred to as "the applicant"—the Foundation is publishing the guidelines for requesting and receiving funding for the air transport of children and/or medical personnel traveling for specialized, primarily surgical, missions.

### **Introduction**

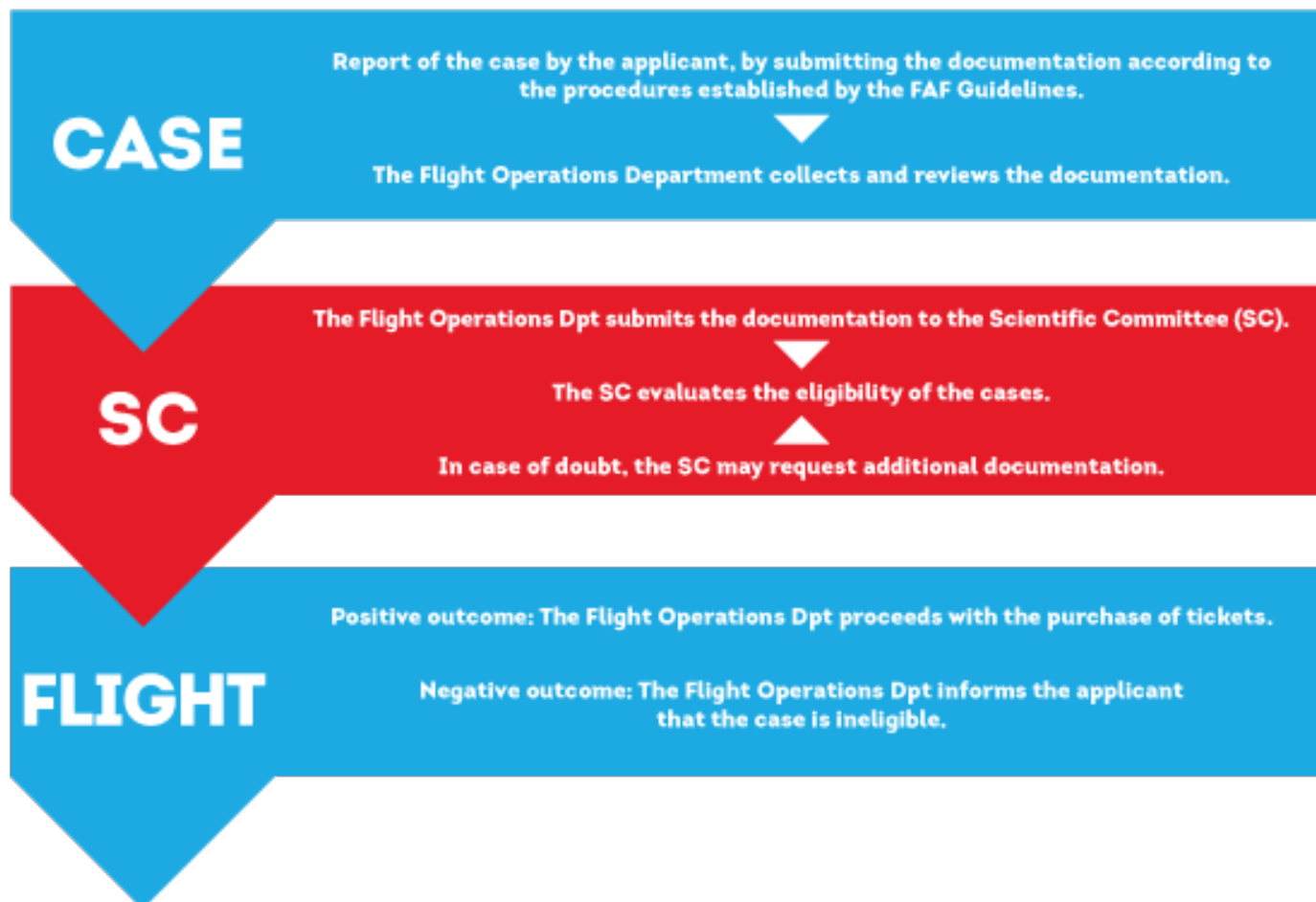
The Flying Angels Foundation funds flights to ensure seriously ill children and adolescents can reach hospitals where they can receive lifesaving procedures and treatments that significantly improve the patient's quality of life.

#### **Flying Angels Foundation:**

- ✓ Funds round-trip airfare for children and teenagers (up to 18 years old)
- ✓ Funds round-trip airfare for a companion (parent or legal guardian)
- ✓ Funds round-trip airfare for the accompanying healthcare worker (in the event of a clear need for medical assistance during the flight and subject to the approval of the Foundation's Scientific Committee)
- ✓ Funds round-trip airfare for medical personnel on mission (from a minimum of one healthcare worker to a maximum of five, with various specializations)
- ✓ In extremely serious cases, organizes and finances the transfer of the minor patient by air ambulance.
- ✓ Once the ticket is issued, FAF manages and covers the costs of any flight date changes exclusively for medical reasons or reasons of force majeure (war, epidemics, etc.)
- ✓ In specific cases, offers support for visa issuance by Italian consulates through a circular from the Italian Ministry of Foreign Affairs and International Cooperation (so-called Green Channel)
- ✗ Does not cover flights for check-ups and medical missions for screening purposes only
- ✗ Does not identify and contact healthcare facilities for patient hospitalization
- ✗ Does not cover medical expenses (medications, visits, tests, hospitalizations, surgeries) or out-of-hospital expenses (passports and visas, insurance, food and lodging for the minor and the accompanying person, including during the post-hospitalization period)
- ✗ Does not arrange for a doctor/nurse to provide in-flight assistance
- ✗ Does not cover the repatriation of remains
- ✗ Does not cover the financing and organization of ground transfers



## Application process



## Request

The applicant must submit documentation in PDF format in one of the following languages: Italian, English, French, or Spanish. Documents translated from other languages must be certified. All documents listed and properly completed must be uploaded to the Application platform at <https://application.flyingangelsfoundation.org/> (login credentials, if not already provided, will be provided upon request by the flight operator → voli@flyingangels.it), before submitting any personal data of the interested parties to Flying Angels.

In compliance with data protection regulations, the Application platform currently provides for data deletion in the following ways:

- applications entered → deletion after 60 months;
- inactive accounts → deletion after 120 months.



For the air transfer of the minor patient to the hospital, it will be necessary to provide:

1. A fully completed Flying Angels Foundation eligibility form, signed and stamped by a physician (requesting or receiving physician).
2. Acceptance document from the receiving medical facility, including the date of admission, in English if possible, and the estimated length of stay for medical reasons.
3. Updated medical reports (dated no more than three months prior to submitting the request) and any recent diagnostic tests.
4. Declaration of incurability in the patient's country of origin from the requesting physician.
5. Declaration of coverage of medical expenses for the requested treatments (e.g., regional/ministerial resolution and/or acceptance by the healthcare facility as a humanitarian case and/or declaration of coverage by the requesting organization and/or payment slip to the hospital for at least 30% of the estimated costs, in the case of a request from a private individual and/or EU form in the case of treatments covered by the European health system)
6. Detailed statement of coverage of out-of-hospital expenses for food and lodging for the minor and the accompanying person, including during the post-hospitalization period.
7. If the patient needs to be accompanied by a healthcare professional, the nurse/doctor's CV is required, which must be reviewed by the FAF Scientific Committee;
8. Planned treatment plan (specify the type of treatments/medical interventions the child will undergo).
9. Flying Angels privacy policy signed by one of the parents or legal guardian (in compliance with the provisions of the European Union, General Data Protection Regulation (GDPR) No. 2016/679) for both the patient and the accompanying person.
10. Valid passports or travel documents and visas (where applicable).
11. **FIT To FLY (Fitness to Fly)** - Document prepared and signed by the patient's treating/referring GP or specialist, declaring that the minor is fit to travel by air to the designated destination.

**This declaration must be provided when submitting the transportation request and before the patient's departure date**, both for the outbound and return journeys.

This document must contain: the patient's name, surname, date of birth, passport number, type of medical condition, fitness to fly assessment, date, and doctor's signature, and must be written in one of the following languages: English, French, or Spanish.

12. The guidelines, stamped and signed by the President/legal representative of the nonprofit organization or by the private applicant.

**NB:** FAF reserves the right not to finance the airfare if the patient, once admitted to the receiving hospital, does not receive the required treatment, unless the patient's inoperability is detected only after the transfer.



For **medical teams\*** or **traveling physicians**:

1. The Foundation's eligibility form, specifically designed for traveling physicians or teams, duly completed and signed.
2. List of minor patients to be operated on and clinical reports (certificates and diagnostic tests) for at least one of the minor patients to be operated on.
3. Letter certifying coverage of board and lodging expenses for traveling medical personnel.
4. Official invitation and letter of acceptance from the hospital or healthcare facility where the surgeries will be performed.
5. Brief CV of traveling medical personnel, in PDF format.
6. Flying Angels privacy policy signed by each individual operator for which round-trip airfare financing has been requested (in compliance with the provisions of the European Union, General Data Protection Regulation (GDPR) No. 2016/679)\*\*
7. Valid passports or travel documents and visas (where required).

Within one month of the end of each mission, the team or outpatient physician must share a final report with Flying Angels, including a list of minor patients operated on-site (specifying the patient's name, age, diagnosis, and surgical procedure performed).

Patients over 18 who underwent follow-up surgery (initiated when the patient was a minor) may also be included and designated as eligible in the team/outpatient physician's end-of-mission report.

\* **Specifications for team requests:**

- For Flying Angels, a medical team may consist of 2 to 5 healthcare professionals **with different professional skills** (e.g., a surgeon, a cardiologist, an anesthesiologist, a physiotherapist, a nurse). Therefore, flights involving multiple professionals with the same specific skills will not be funded;
- **The team leader must have a pediatric specialty** or, if none exists (e.g., pediatric anesthesiologist), their experience in the pediatric field will be assessed through a CV review.

\*\* In any case, FAF cannot receive any data relating to Data Subjects unless they have completed all fields and signed the FAF Privacy Policy. It is irrelevant whether the applicant has had their own privacy policy signed. The applicant also declares that the Flying Angels Privacy Policy has been fully completed and signed by the minor's parent and/or legal guardian, who has been given the opportunity to understand the document's content before signing and granting authorization. Specifically, the parent and/or legal guardian must be explicitly informed that failure to consent to the use of images will in no way affect the ability to provide the service to the minor.



## Booking

If the Foundation's Scientific Committee accepts the transportation request and the Foundation's budget is verified, the applicant will be notified and must communicate and send the following information via email to [voli@flyingangels.it](mailto:voli@flyingangels.it):

- the departure and return dates of the patient and companion
- the departure and arrival airports of the patient and companion
- valid passports of all passengers and visas, if required

After receiving this information, Flying Angels will work to offer the applicant the best travel solutions. Once Flying Angels has evaluated the most suitable option with the applicant, they will make a non-binding booking.

Only after the applicant receives email confirmation and receives the passengers' visas (if required) will round-trip tickets be issued. These tickets may be changed subject to penalties (based on fare conditions).

In exceptional cases, tickets may be purchased while awaiting visa issuance, but only following specific agreements and the applicant's acceptance of any ticket modification or cancellation costs.

Airline tickets are for round-trip travel (except in exceptional circumstances agreed upon between FAF and the applicant). Once issued, the applicant must carefully check that the full names, dates of birth, and flight itinerary of all passengers are correct.

In the event of errors, the applicant must notify the Foundation's flight management staff by email ([voli@flyingangels.it](mailto:voli@flyingangels.it)) **by 6:00 PM on the day of issue**. If the applicant fails to report any typos within the specified timeframe, Flying Angels will not be responsible for any costs associated with changing or canceling tickets already issued.

## Extra budget

If, even at the best fare, the cost of return flights for the patient and companion or a medical team exceeds the budget for the type of flight provided by Flying Angels, the person requesting transportation will be asked to contribute to the cost.

By accepting a flight option for which an extra budget is indicated, the person requesting transportation also agrees to contribute to the cost in the amount indicated.



## Postponements/Early returns/No shows

After flight tickets have been issued, **any date changes must be communicated to Flying Angel flight management staff (voli@flyingangels.it) no later than 48 business hours before the flight's departure.**

Flying Angels will cover any penalty and fare adjustment **costs for a maximum of two date changes**, provided they are requested for the following reasons:

- departure postponement for proven medical reasons;
- the patient's prolonged hospital stay due to the need for additional surgeries and/or other medical treatments;
- post-operative complications that prevent the patient from departing on the scheduled return date;
- post-operative visits scheduled after the return date and which cannot be anticipated;
- Force majeure.

When requesting a date change, a medical certificate certifying the patient's medical need must always be presented.

In the event of an **early return** from the scheduled flight date, FAF will cover the penalty and fare adjustment costs only for medical reasons and/or force majeure. A medical certificate certifying the patient's medical need must also be presented.

FAF **will not cover** any costs arising from early departures:

- if the date change is requested due to the patient's early discharge from the hospital;
- if the accompanying person needs to return earlier than expected for personal reasons.

It is understood that requests will be evaluated on a case-by-case basis by Flying Angel flight management staff and based on any clinical specifics of each case.

In the event of a **no-show** (passenger fails to show up at the airport and/or for boarding), changes not requested within the required timeframe (at least 48 working hours before the flight), check-in delays, or other non-medical reasons that pose the risk of losing the ticket, if a refund from the airline is not possible, the person requesting transportation will be required to pay FAF the cost of the flight tickets. If a partial refund is possible, the requesting person will be responsible for contributing to the cost of the non-refundable portion.

In the event of repeated violations by the applicant of the obligation to promptly communicate changes, resulting in unnecessary costs, the Foundation reserves the right to revoke the applicant's ability to submit further cases within the following 6 months.



## Accompaniment of the minor patient

For both outbound and return flights, **minors must always be accompanied by a parent/legal guardian.** Any changes to the name of the minor's companion—from the one indicated on the eligibility form for approval of transportation and from the one listed on the issued flight tickets—will be accepted only in exceptional cases and only after the applicant has notified [voli@flyingangels.it](mailto:voli@flyingangels.it) of **all the new companion's information and documents** (personal details and valid travel documents). If the change of companion results in additional flight costs, the applicant will be required to contribute the corresponding amount to FAF.

## Traceability while travelling

It is important that the traveling healthcare professional/adult accompanying the minor patient keep their **cell phone charged and turned on at all times (NOT in airplane mode) before departure, during any stopovers, and upon arrival.**

The traveling healthcare professional/adult accompanying the minor patient also agrees to promptly respond to calls or messages and, similarly, to promptly report any issues to the emergency numbers provided.

In the absence of the above conditions, Flying Angels cannot guarantee the effective management and/or resolution of any critical issues that may arise during the trip (e.g., unexpected changes to flight schedules, the need to verify whether passengers are traveling as scheduled or have arrived at their destination, etc.).

## Failed departure/Failed return

In the event that passengers—either minor patients traveling with accompanying adult or healthcare personnel on mission—demonstrate the **inability to depart/return on flights already purchased for reasons other than medical reasons or force majeure, and are unable to make date changes**, the person requesting transportation will be responsible for paying the cost of the flight tickets to FAF, if non-refundable. If a partial refund is available, the requesting person will be responsible for contributing to the non-refundable portion.

If the minor and/or accompanying person **voluntarily leave before returning to their home country**, the cost of the unused flight segment will be borne by the person requesting transportation, if non-refundable. If a partial refund is available, the applicant will be responsible for contributing to the non-refundable portion.

## Deaths

- In the event of a patient's death, the return of the parent/guardian, even early, is always guaranteed.
- The Foundation does not handle the repatriation of remains.



## Visa support

In situations where it is extremely urgent to obtain entry visas to Italy for medical treatment for a minor patient and their companion, Flying Angels can provide support through a circular from the Italian Ministry of Foreign Affairs (so-called Green Channel) to raise awareness with the relevant Italian consular office. This will ensure an appointment is scheduled promptly, taking into account the completeness of the documentation already submitted for the application.

## Requested documentation and follow-up

Once a flight has been financed, a **report** is request, containing:

- a) discharging report;
- b) a short story about the flight of the little patient before the departure, during the flight and after arrival (as indicated in the following form);
- c) Follow up one month after the return.

At least 5 **pictures** of the **child** are required in High resolution (1 MB or more):

1. a close-up of the child;
2. a picture of the child with a parent/legal tutor/hosting family;
3. a picture on the airplane/while boarding it (if not possible, in the airport) before departure;
4. a picture in the hospital;
5. a picture at the return.

For the medical teams and outbound doctors:

- a) a short story of the journey (as indicated in the following form);
- b) a detailed report (names, dates of birth, pathology and carried-out operations) of all the treated children and adolescents up to 18 years of age within a month from the return of the mission;
- c) Follow-up within a month of the return.

At least 10 pictures are needed, related to the following moments:

- a) In the airport at the departure or the return;
- b) On the plane or while loading the sanitary equipment;
- c) In the hospital with the children.

The applicant declares that pictures sent to Flying Angels concern only parties who signed the informative and no other persons.

Please note that it is allowed to transfer data in non-EU countries, subject to notice to the Holder and their subsequent authorization, if it can be granted that the protection level of the interested parties will not be compromised, that one requirement as per Articles 45-49 GDPR, and that data will only be transferred if strictly necessary.



With a view to coherent and transparent communication, Flying Angels aims to identify a joint communication strategy to promote and enhance the work carried out with its partners.

Using their own communication channels (digital and non-digital), both Flying Angels and the partner institution undertake to cite each other in a coordinated and/or joint manner whenever a case or a mission is referenced which saw a collaboration between the two parties.

Date, \_\_\_\_\_

Signature for the acceptance  
(Stamp of the NPO and signature of the Legal Representative /  
or stamp and signature of the healthcare structure/  
or signature of the private applicant)

### ***The flight of the little patient***

#### ***Prior to the departure: upon issue of the flight tickets***

*Name of the child:*

*Who flies with him/her:*

*Is it the first time for the child on an airplane?*

*Is it the first time for the child outside of his/her country?*

*How much time did it take for them to reach the airport and how?*

*How long has the child been sick?*

*What is the composition of the family?*

#### ***After the departure***

*How was the departure flight?*

*Where there any problems?*

*Did anything relevant happened?*

*Did the child need special assistance?*

*Is the hospital in the city where the child landed?*

*If not, how will he/she be transported?*

#### ***Hospitalization***

*When has the child been hospitalized? / When will the child be hospitalized?*

*When will he/she be operated/ has been operated?*

*How did the operation go?*

*How long will he/she have to remain in hospital?*

*When will the first follow-up check take place?*



### **Discharge**

*When has the child been discharged?*

*Where will he/she be hosted during the post-treatment period?*

*Does he/she need to undergo inspection visits?*

### **Feedback within a month of the return**

*How is the post-operation recovery going?*

*How was the return home?*

## **The medical teams and outbound doctors**

*Every team is different and we would like to know what happens along the journey and during the stay, in order to share your stories in the most accurate way.*

*Apart from numerical data, we request a personal testimony from a member of the team who can tell us their experience through the difficulties and victories that they encountered during the mission.*

### **Departure**

*How many members are in the team?*

*Do they transport any sanitary equipment or machinery?*

*How far from the airport is the healthcare facility?*

### **Surgeries and treatments**

*How many surgeries/treatments are carried out in a day?*

*Which were the most emotional episodes (challenges and achievements)?*

*How many operations have been effectively carried during the mission?*

*Testimony of at least one child, pictures and details included. Parents must be asked to sign the privacy form on behalf of the child.*

### **Feedback within a month of the return:**

*How is the post-operation recovery of the children going?*