

**Parents’ fitness to fly questionnaire for parents flying with Embrace**

The following questions should be discussed with parents prior to a helicopter flight (with TCAA or SAR) or fixed wing (IAS medical or Air Alliance). If their understanding and utilisation of English is poor, consider if you will be able to communicate with them well enough for it to be safe to travel with them.

1. Have you consumed any alcohol in the last 8 Hrs?
2. Have you been administered a local or general anaesthetic in the past 24 hrs?
3. Are you currently experiencing any sinus problems?
4. Have you given blood in the last 7 Days?
5. Do you experience anxiety whilst flying?
6. Do you suffer from motion sickness?
7. Are you suffering from any medical condition? Please specify.
8. Have you been scuba diving in the last 24hrs?
9. Is there a possibility that you could be pregnant?
10. Do you suffer from claustrophobia?
11. Have you eaten/ drunk today? If not encourage to do so prior to flight.
12. Passport or photo ID available?

**Additional thoughts about flight environment / discussions to have with parents either face to face or over the phone:**

* Parents should be encouraged to wear suitable footwear
* Travelling parents should have one small bag only due to space on the aircraft.
* Parents are not permitted to take power banks with them or pack e cigarettes in their luggage (permitted on their person)
* The helicopter may take off backwards, and this may be disconcerting!
* The cabin is a very restricted space
* You will be asked to wear a helmet and this can be uncomfortable on long flights
* Wear long hair down if possible
* There can be a smell of fuel in the helicopter cabin

**Pregnant mothers are not permitted to fly**

**Postpartum mothers** Travel with Embrace and Air Provider will not be allowed if you are within 24 hours of a normal delivery or 72 hours of a caesarean section.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EMBRACE NUMBER**  | **2** | **0** | **2** | **0** |  |  |  |  | **PATIENT** **NAME** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NHS** **NO.**  |  |  |  |  |  |  |  |  |  |  | **DOB** | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** | **DATE** | **D** | **D** | **M** | **M** | **2** | **0** | **2** | **0** |

|  |  |
| --- | --- |
| **Parent’s name** |  |
| **Parent’s Date of Birth** |  |
| **Parent’s Weight** |  |
| **Known medical conditions**(Those that are known to your GP, you are receiving treatment for or are having investigations for)**Any current medications?****Do you have any Allergies? (food/drugs?)** |  |
| **Other relevant information** |  |