

Compassionate Travel Authorisation Form

Loganair Ltd can provide air travel assistance to family members who need to fly at short notice in the event of an immediate family bereavement, an unexpected critical medical emergency, or when a family member is receiving in-patient treatment at a mainland hospital or hospice.

We understand this is a difficult time for you and your family, and to ensure this process is completed with minimal imposition we would be grateful if the short form below was completed by you and the appropriate authority, signed and authorised either with an official stamp, or by copying its contents onto letter headed paper when a booking is required.

The completed form and any supporting documentation should be emailed to bookings@loganair.co.uk and also copying in the family member (i.e. lead passenger) who can then contact Loganair or our partner agents to make the booking.

PART A – FOR COMPLETION BY THE LEAD PASSENGER OR THE APPROPRIATE AUTHORITY SIGNING PART E

Immediate Family Member Details

Full Name including Title of the family member who is organising the air travel arrangements	Please indicate request reason		
	Deceased	Critical Emergency	Hospital/Hospice In-patient
	<i>Complete Part B</i>	<i>Complete Part C</i>	<i>Complete Part D</i>

Passenger Details of Immediate Family Members

Please provide details of those requesting air travel and their relationship to the person named above

Full Name including Title	Relationship

Clergy/Minister of Religion/Funeral Officiant

If you are travelling to conduct the funeral of the person named at the start of this form and are not an immediate relation please indicate by marking this box []

PART B – BEREAVEMENT FOR COMPLETION BY THE LEAD PASSENGER OR THE APPROPRIATE AUTHORITY SIGNING PART E

Funeral Information

Full Name and Title of the deceased	
Date of the Funeral	
Location of the Funeral (Town/City)	

**PART C – CRITICAL MEDICAL EMERGENCY
FOR COMPLETION BY THE LEAD PASSENGER OR THE APPROPRIATE AUTHORITY SIGNING PART E**

Patient Information

Full Name and Title of the patient	
Date of Incident/Injury	
By completing the details above and signing Part E, you are confirming that the applicant for the Compassionate Fare is an eligible family member of the patient and is entitled to travel under the Compassionate Fare scheme rules.	

**PART D – HOSPITAL/HOSPICE IN PATIENT
FOR COMPLETION BY THE LEAD PASSENGER OR THE APPROPRIATE AUTHORITY SIGNING PART E**

Patient Information

Full Name and Title of the patient	
Date of Admission	
By completing the details above and signing Part E, you are confirming that the applicant for the Compassionate Fare is an eligible family member of the patient and is entitled to travel under the Compassionate Fare scheme rules.	

PART E – AUTHORISATION

This section must only be completed by a Funeral Director, GP, Treating Physician or an appropriate Medical Practitioner

I confirm that the information provided above is accurate to the best of my knowledge and that the referenced individual(s) qualify for the Compassionate Fare scheme offered by Loganair Limited

Signature _____

Position _____

Date _____

Please print your official stamp here

This form (when completed) should be emailed to bookings@loganair.co.uk and to the lead passenger named in part A

Details of the policy and eligibility for a compassionate fare booking can be viewed and downloaded by visiting loganair.co.uk or if you wish to speak to one of our advisors please call 0344 800 2855. Our partner booking agents Scapa Travel in Orkney and Travel Counsellors in Shetland can also provide advice.

Please note that documentation to support your new booking, or to make an amendment to an existing booking, is required by the airline to allow authorisation.