

For Honor Flight use Only: Last Name: _____ Date Received: ____/____/____



VETERAN APPLICATION

Honor Flight Network recognizes American veterans for their sacrifices and achievements by transporting them to Washington, D.C. to see THEIR memorials at no cost. Priority is given to WWII, followed by the Korean War era, Vietnam War and terminally ill veterans from all wars. For Honor Flight to achieve this goal, Guardians travel with the veterans on every trip and provide assistance helping veterans have a safe, memorable and rewarding experience. For what you and your comrades have given to us, please consider this a small token of appreciation from all of us at Honor Flight Savannah, Inc. For more information, please contact us at 912-367-9020 or honorflightsavannahinc@gmail.com. Thank you for your service.

YOUR FULL NAME: _____ **Nick Name:** _____
First Full Middle Last (if applicable)

GENDER (M, F) _____ **ADDRESS:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: DAY: _____ **EVENING:** _____ **MOBILE:** _____

EMAIL ADDRESS: _____ **WEIGHT:** _____ **DATE OF BIRTH:** _____

HOW DID YOU HEAR ABOUT HONOR FLIGHT? _____

_____ **T-Shirt Size: (S, M, L, XL, XXL, XXXL)** _____

ALTERNATE CONTACT (son, daughter, etc.) Name: _____

Phone: _____ Email: _____ Relationship: _____

EMERGENCY CONTACT INFORMATION (someone available the day you travel):

Name: _____ Relationship: _____

Address: _____

Phone: Day: _____ Evening: _____ Cell Phone: _____

SERVICE HISTORY: Branch of Service: _____ Rank: _____

Hometown (from which city and state did you enter the service?): _____

Activity during WWII/Korean War era/Vietnam War: _____

MEDICAL: Information provided WILL NOT disqualify you. It permits us to assess the support we need during the trip.

Info is for Honor Flight and medical personnel only.

Do you use mobility equipment? Yes No. If yes, please circle device: Cane Walker Wheelchair Scooter

Medications (name and how often you take it)

<u>Medications</u>	<u>Taken How Often?</u>	<u>Medication</u>	<u>Taken How Often?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any **nighttime confusion**? Yes No.

Do you have any **drug allergies**? Yes No. (Please list) _____

PLEASE COMPLETE BACK PAGE

Do you have a history of seizure? Yes No. Please describe what type (i.e. grand mal. petit mal. other) _____

When was your last seizure? _____. If within 5 years, STRONGLY advised you discuss trip with your private physician!

Do you have **motion sickness**? Yes No. If yes, is it controlled with medications? Yes No.

Do you have any **breathing problems**? Yes No. If yes, please describe: _____

Do you use a home nebulizer machine? Yes No. If yes, you are STRONGLY encouraged to discuss the trip with your private physician concerning the use of portable hand-held nebulizers during the trip.

Do you use **oxygen** at any time? Yes No.

Do you have a **problem walking the length of a football field** without assistance? Yes No. If yes, please describe the reason (e.g. lung problems, arthritis, heart problems, etc.): _____

Do you have a history of **open head injuries, sinus problems or ear problems**? Yes No. If yes, have you traveled since the open head injury, sinus or ear problems occurred? Yes No. If yes, did you still have problems? Yes No. If yes, it is STRONGLY advised you discuss the trip with your private physician.

Do you have a **urostomy or colostomy bag**? Yes No. If yes, please make sure the bag is vented prior to the trip. If you don't know if your bag is vented, it is STRONGLY advised that you discuss this issue with your private physician.

Additional Comments or Concerns: _____

Please provide the name and phone number of your Primary Physician: _____

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

- (1) As photographic and video equipment are frequently used to memorialize and document Honor Flight trips and events, his/her image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the Honor Flight program. I hereby release the photographer and Honor Flight from all claims and liability relating to said photographs. I hereby give permission for my images captured during Honor Flight activities through video, photo, or other media, to be used solely for the purposes of Honor Flight promotional material and publications, and waive any rights or compensation or ownership thereto.
- (2) I further state that medical insurance is the responsibility of the veteran and I understand that Honor Flight DOES NOT provide medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.
- (3) I have not traveled to Washington, DC on any previous Honor Flight supported or sponsored trip.

Signed: _____

Date: ___/___/___

Please submit this form to:

Honor Flight Savannah, Inc.
Attention: Veteran Application
1943 Spring Branch Church Rd
Baxley, GA 31513

Or

Email: honorflightsavannahinc@gmail.com
Fax: 800-886-4549