



HONOR FLIGHT USE ONLY: LAST NAME: _____

DATE RECEIVED: ____/____/____

Honor Flight Huntington VETERAN APPLICATION

Honor Flight Network recognizes American Veterans for your sacrifices and achievements by transporting you to Washington DC to see YOUR memorial at no cost to you. Top priority is given to WWII and terminally ill veterans from all wars. **Honor Flight Network**, will be expanding to include Korean and Vietnam Veterans, For **Honor Flight Network** to achieve this goal, Guardians fly with the Veterans on every flight, providing assistance and 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 Network**. For further information, please contact us at 304-634-2393 or info@honorflighthuntington.org **THANK YOU FOR YOUR SERVICE!**

NAME: _____ **NICK NAME:** _____
(As it appears on your driver's license or government ID) (If applicable)

ADDRESS: _____

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

PHONE: Day: _____ **Evening:** _____ **Mobile:** _____

EMAIL: _____ **AGE** _____ **DOB** _____ **GENDER** M / F

SERVICE HISTORY: BRANCH OF SERVICE: _____ **RANK:** _____

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

SERVICE DATES AND ACTIVITY: (CIRCLE) WWII - KOREA - VIETNAM _____

How did you learn about Honor Flight? _____

CIRCLE ONE
TEE SHIRT SIZE: S M L XL 2XL 3XL

Preferred departing Airport: _____

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

Name: _____ **Relationship to veteran:** _____

Address: _____

City / State / Zip: _____

PHONE: Day: _____ **Evening:** _____ **Mobile:** _____

ALTERNATE CONTACT INFORMATION: (son, daughter, etc.)

Name: _____ **Relationship to veteran:** _____

Email: _____

PHONE: Day: _____ **Evening:** _____ **Mobile:** _____

MEDICAL: INFORMATION PROVIDED WILL **NOT** DISQUALIFY YOU. It permits us to assess the support we need during the trip.
This info is for **HONOR FLIGHT** and medical personnel only.

Do you used mobility equipment? Y / N If YES, please circle device(s) used: CANE WALKER WHEELCHAIR SCOOTER

MEDICATION	TAKEN HOW OFTEN?	MEDICATION	TAKEN HOW OFTEN?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE COMPLETE PAGE 2 ON REVERSE SIDE

Do you have any **drug allergies**? Y / N List: _____

Do you have a history of **seizure**? Y / N Please describe what type (i.e. grand mal, petit mal, other) _____

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

Do you have problems with **motion sickness** (sea or air)? Y / N If yes, is it controlled with medications? Y / N

If motion sickness is not controlled with medications, it is **STRONGLY** advised you discuss the trip with your private physician!

Do you have any **breathing problems**? Y / N If YES, please describe: _____

Do you use a home **nebulizer machine**? Y / N 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? Y / N If YES, you will need your private physician to write a prescription for oxygen to be used during the flight and during the tour. Oxygen will be provided. The prescription should be turned in with the application.

Do you have a **problem walking** the length of a football field without assistance? Y / N 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**? Y / N If YES, have you flown since the open head injury sinus or ear problems occurred? Y / N If YES, did you have any problems? Y / N If YES, it is **STRONGLY** advised you discuss the trip with your private physician. If you have **NEVER** flown since the open head injury, sinus or ear problems, again we **STRONGLY** advise you discuss the trip with your private physician.

Do you have a **urostomy** or **colostomy** bag? Y / N If YES, please make sure the bag is vented prior to flight. If you do not know if your bag is vented, it is **STRONGLY** advised that you discuss this issue with your private physician.

Additional Comments or Concerns: _____

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 Guardian and I understand that neither **Honor Flight** nor the provider of free private aircraft ("**Flight Provider**") provides medical care. I understand that I accept all risks associated with travel and other **Honor Flight Network** activities and will not hold **Honor Flight**, the **Flight Provider**, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of **Honor Flight** responsible for any injuries incurred by me while participating in the **Honor Flight** program.

SIGNATURE: _____ DATE: ____/____/____
(Email applicants will be required to sign prior to actual trip date)

Please submit this form to : **Honor Flight Huntington**

285 Gallaher St.

Huntington WV 25705

304-634-2393

info@honorflighthuntington.org

www.HonorFlightHuntington.org