

THE HONOR FLIGHT NETWORK
VETERAN'S APPLICATION



The Honor Flight Network strives to recognize American veterans for their sacrifices and achievements by flying them to Washington, DC to visit their service memorial at **no cost**. The Honor Flight Network is currently accepting applications from veterans of WW II, Korea, Vietnam, and terminally ill veterans. The Honor Flight Network achieves this goal safely by furnishing guardians who fly with each veteran on every flight to provide assistance and help veterans to have a safe, memorable, and rewarding experience. Please complete and return this application.

YOUR FULL NAME: _____ **NICKNAME:** _____
First, Middle, Last (If applicable)

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

PHONE: Day _____ Evening _____ Cell Phone _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: (MM/DD/YYYY) _____ **AGE:** _____ **GENDER:** (M, F) _____

SOCIAL SECURITY NUMBER: (Needed for possible White House Tour) _____

TEE SHIRT SIZE: (S, M, L, XL, XXL, XXXL) _____

HOW DID YOU HEAR ABOUT HONOR FLIGHT? _____

ALTERNATE CONTACT: (spouse, son, daughter, etc)

Name _____

Phone: _____ e-mail: _____ 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?) _____

Which conflict(s) did you serve in: (Please circle all that apply) WWII KOREAN VIETNAM

OTHER ACTIVITY: _____

THE 2023 TRIP WILL BE FIRST WEEK OF JUNE. Exact Dates TBD!!!!

MEDICAL INFORMATION

MEDICAL INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. YOUR MEDICAL INFORMATION PERMITS THE HONOR FLIGHT TEAM TO ASSESS THE SUPPORT NEEDED DURING THE TRIP. MEDICAL INFORMATION 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)

Medication Taken	How Often	Medication Taken	How Often
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CURRENT WEIGHT: _____

Do you have any drug allergies? YES / NO

If YES, please describe: _____

Do you have a history of seizure? YES / NO

If YES, please describe what type (i.e. grand mal, petit mal, other) _____

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

Do you have problems with motion sickness (sea or air)? YES / NO

If YES, is it controlled with medications? YES / NO (Please list above.)

Do you have 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.

PLEASE COMPLETE NEXT PAGE!

MEDICAL INFORMATION

(continued)

Do you use oxygen at any time? YES / NO

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? YES / NO If YES, please describe the reason. (i.e. 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 flown since the open head injury, sinus, or ear problems, etc. occurred? YES / NO If YES, did you have any problems? YES / NO

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 to 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 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 Medical Concerns:

PLEASE COMPLETE NEXT PAGE!

PLEASE REVIEW CAREFULLY AND SIGN

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document The Honor Flight Network trips and events, your 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 Network program. I hereby release the photographer and The Honor Flight Network from all claims and liability relating to said photographs. I hereby give permission for my images captured during The Honor Flight network activities through video, photo, or other media, to be used solely for the purposes of The Honor Flight Network promotional material and publications, and waive any rights or compensation or ownership thereto.
2. I further state that medical insurance is the responsibility of me, the veteran, and I understand that neither The Honor Flight Network nor the provider of free private aircraft or public air transportation ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other The Honor Flight Network activities and will not hold The Honor Flight Network, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of The Honor Flight Network responsible for any injuries incurred by me while participating in The Honor Flight Network program.

SIGNED: _____

DATE: ____/____/____ (Email applicants will be required to sign prior to the actual flight date)

PLEASE SUBMIT THIS FORM TO: Northern Heights USD 251
Attn: Shawn Wilson or Sandy Eckert
1208 US-56
Allen, KS 66833

Or e-mail to: wilsons@usd251.org or eckerts@usd251.org

Questions, please call: (620) 481-2087