



Honor Flight of Dallas Veteran Application

4.13.2010

Honor Flight recognizes American veterans for their sacrifices and achievements by flying them at no cost to Washington, DC to see THEIR war memorial. Top priority (only for which we are currently accepting applications) is given to WWII veterans. In order for **Honor Flight** achieve this goal, "Guardians" fly with the veterans providing assistance and helping the veterans have a safe, memorable and rewarding experience. Please note that space in each **Honor Flight** trip is limited to 55 people (veterans + volunteer Guardians); 55 being the capacity of the tour buses we use in Washington. These applications are logged in the order in which they are received, and the completion of this application is no guarantee of a space being available on a particular **Honor Flight**. Veterans accepted for an **Honor Flight** will be asked to provide more detailed medical and contact information before the flight to help provide for their well-being on the trip.

INFORMATION ABOUT YOU ***The Veteran***

Your Name: _____ Nickname: _____
(Please provide your name as it is on your "picture id" used for airline travel) (if applicable)

Address _____

City: _____ County: _____ Texas ZIP: _____

Day phone () _____ Evening phone: () _____ Cell: () _____

E-mail: _____ DOB: _____ Age: _____ Weight: _____

Shirt Size (check one) S M L XL XXL Blood Type:

How did you hear about Honor Flight? _____

Do you have a veteran friend who is already approved to fly? _____ If Yes, what is their name? _____

Do you have a Family member or Friend who is a Guardian? _____ If Yes, what is their name? _____

ALTERNATE/EMERGENCY INFORMATION

Alternate Contact Full Name: _____

Day phone () _____ Cell: () _____ Relationship to you: _____

E-mail: _____

Note: More Detailed emergency contact information will be collected before the date of the flight

VETERANS WWII ARMED SERVICES INFORMATION

Branch of Service: _____ Specialty: _____ Unit: _____ Rank: _____

Home town (City and state from which you entered the service): _____

Dates of Service From Month: _____ Year: _____ To Month: _____ Year: _____

Areas where you served & campaigns you were part of during WWII: _____

Medals/Awards/Decorations(Use additional pages if needed) _____

Medical Information/Special Physical Needs

Note: The information provided will NOT disqualify you. It permits us to assess the support we need during the trip. Info provided is for Honor Flight use only, and more complete information about medications taken, special medical or physical needs, etc will be collected prior to the trip.

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

Do you have any known **drug or food allergies**, or do you wear a **Medi-Alert Bracelet or Tag**? _____

Do you have any special food requirements? _____

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 the past 5 years, it is STRONGLY advised you discuss this trip with you private physician!

Problems with **motion sickness**? Yes No _____ If yes, is it controlled with medication? 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 with your private physician the use of portable/hand-held nebulizers during the trip.*

Do you use **oxygen** at any time? Yes No *If yes, you will need a doctor's prescription for oxygen used during the flight/ Washington tour; the prescription will need to be submitted prior to the trip. Oxygen will be provided.*

Do you normally use a **wheelchair**? Yes No **Walker**? Yes No **Cane**? Yes No

Do you have a **problem walking** the length of a football field without assistance? Yes No

Please list any **Artificial Joints, Pacemakers or Implants** which will be of a concern during airport security scan

If yes, please describe the reason (lung or heart problems, arthritis, etc): _____

Do you have a history of **open head injuries, sinus problems or ear problems**? Yes No _____ If yes, have you flown since these problems occurred? Yes No If yes, did you have problems? Yes No _____

If yes, it is STRONGLY advised that you discuss the trip with your private physician. If you have not flown since the open head injury, sinus or ear problems, again, we STRONGLY advise you to talk to your personal doctor before making the trip.

Do you have **urostomy or colostomy bag**? Yes No _____ If yes, please make sure your bag is vented prior to flight. If you not know if your bag is vented, **please discuss this with your physician**. Please tell us any else we should know about your physical/medical situation or special needs: _____

Please Review Carefully and Sign Below

The undersigned acknowledges and agrees that:

- Since photographic and video equipment are frequently used to memorialize and document **Honor Flight** 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** 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 to ownership thereof.
 - I further state that medical insurance is the responsibility of the veteran and I understand that neither **Honor Flight**, the provider of flight service, nor the volunteer Guardians provide medical care. I understand that I accept all risks associated with travel and other **Honor Flight** activities and will not hold **Honor Flight**, the flight provider, or the volunteer Guardians responsible for any injuries incurred by me while participating in the **Honor Flight** program.
- I further understand (a) the medical information made available by me in this application is
- provided voluntarily and (b) the medical information disclosed by me to Honor Flight may no longer be protected by federal HIPAA privacy regulations.

Print name: _____ Signature: _____

Note: Veterans selected for the flight will be asked to provide more detailed medical and emergency contact information prior to the date of the departure.

If you have any questions, please email us at info@honorflightofdallas.org or call us at

Ph(972) 861-5100 Fx(972) 241-5103

**Please submit this by mail: Honor Flight of Dallas
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Suite 109-195
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