FOR HONOR FLIGHT USE ONLY Last Name: ________________________ *Date Received:* _________/__________/_________

Veteran Application

Honor Flight recognizes American veterans for your sacrifices and achievements by flying you to Washington, DC to see YOUR memorial at **no cost.** Top priority (for which we are currently accepting application only) is given to WW II and terminally ill veterans from **all** wars. In order for ***Honor Flight*** 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***. For further information, please visit us at **www.honorflightsd.org** or send inquire to Honor Flight of South Dakota, P. O. Box 947, Sioux Falls, SD 57104.

YOUR NAME: ____ NICK NAME: __________________

(As it appears on your ID for airline travel) (If Applicable)

ADDRESS: ____

CITY: ____ STATE: _______ ZIP: ____________________

PHONE: Day: ____________________ Evening: _______________________ Cell Phone: ____________________

E-MAIL ADDRESS: ____ WEIGHT: __________ AGE: __________

HOW DID YOU HEAR ABOUT HONOR FLIGHT? ____

____. TEE SHIRT SIZE: (S, M, L, XL, XXL, XXXL) _______

ALTERNATE CONTACT (son, daughter, etc): NAME: ____

PHONE: __________________ E-MAIL:_______________________ RELATIONSHIP: ____________________

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

Name: ____ Relationship: __________________

Address: ____

PHONE: Day: ____________________ Evening: _____________________ Mobile: _______________________

SERVICE HISTORY: BRANCH OF SERVICE: ________________________ RANK: ______________________

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

ACTIVITY DURING WWII: ____

____

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):

MEDICATION TAKEN HOW OFTEN? MEDICATION TAKEN HOW OFTEN?

__________________ ________________________ __________________ __________________

__________________ ________________________ __________________ __________________

__________________ ________________________ __________________ __________________

__________________ ________________________ __________________ __________________

Do you have any **drug allergies**? ____

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 past 5 years, STRONGLY advised you discuss trip with your private physician!

PLEASE COMPLETE BACK PAGE

Do you have problems with **motion sickness** (sea or air)? YES NO. If yes, is it controlled with medications? YES NO

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**? 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. 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 (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 flown since the open head injury, sinus or ear problems 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 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 Concerns: ____

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***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

SIGNED: ____

DATE: _____/_____/______

Please submit this form to: Honor Flight of South Dakota

ATTN: Veteran Application

P O Box 947

Sioux Falls, SD 57104