

VETERAN APPLICATION



Honor Flight of South Carolina recognizes our WWII Veterans for your sacrifices and achievements by flying you to Washington, DC to see YOUR memorial at no cost. In the future, Honor Flight will be expanded to include Korean and Vietnam veterans. In order for Honor Flight to achieve this goal, Guardians pay \$500 to 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 contact us at 803-582-8826 or www.honorflightsc.com

DATE: _____ / _____ / _____

NAME: _____ NICK NAME: _____
(As it appears on your ID for airline travel)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: DAY: _____ EVENING: _____ MOBILE: _____

DATE OF BIRTH: _____ E-MAIL ADDRESS: _____

ALTERNATE CONTACT (son, daughter, etc):

NAME: _____ RELATIONSHIP: _____

PHONE: _____ E-MAIL: _____

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

Name: _____ Relationship: _____

Address: _____

PHONE: Day: _____ Evening: _____ Mobile: _____

SERVICE HISTORY: BRANCH OF SERVICE: _____ RANK: _____

DESCRIBE YOUR ACTIVITY DURING THE WAR: _____

GUARDIAN INFORMATION: Please indicate if there is someone that will accompany you as your Guardian. Guardians CANNOT be a spouse but may be other relative or friend and must be 18 years old. Guardians must complete a Guardian application and send with the Veterans application. Guardians must include a check for \$500.

Name of Guardian (if applicable) - _____ Phone Number - _____

MEDICAL INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. It permits us to access the support we need during the trip. Information is for Honor Flight and medical personnel only.

Do you use mobility equipment? YES NO.

If yes, please check: CANE WALKER WHEELCHAIR SCOOTER

Please complete page 2

MEDICATIONS (name of medication 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 the past 5 years, we **STRONGLY** advised you discuss 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 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 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: _____

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 Carolina
P.O. Box 292421
Columbia, SC 29229