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

Veteran Application

Honor Flight recognizes American WWII veterans for your sacrifices and achievements by flying you to Washington, DC to see YOUR memorial at **no cost.** Please consider this a small token of appreciation from all of us at ***Honor Flight***. To be added to our waiting list, please complete and submit the application to the address on the reverse of this form. For further information, please contact us M – F, 9 – 5 at **(631)702-2423** or visit us at www.honorflightlongisland.org We won't call you when we receive your application, we will contact you when it's your turn.

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: _________**Date of Birth**________

HOW DID YOU HEAR ABOUT HONOR FLIGHT? ____

HAVE YOU SEEN THE MEMORIAL? ________________________. 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, it is 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 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: ____

____

***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: _____/_____/______ (E-mail applicants will be required to sign prior to actual flight date)

Please submit this form to:

Honor Flight Long Island
C/O Department of Human Services
Southampton Town Hall
116 Hampton Road
Southampton, NY 11968

Phone (631) 702-2423 Fax (631) 283-7529 www.honorflightlongisland.org

NOTE: We will not call you **until** it's your turn to fly; however, you are invited to call us anytime.