



Franklin County Honor Flight Veteran Application

Date Received _____

Honor Flight recognizes American veterans for your sacrifices and achievements by flying you to Washington, D.C. to see YOUR memorial at **no cost to you**. Currently, we are honoring WWII, Korean and Vietnam War veterans. Also, top priority is given to terminally ill veterans from **any** conflict. In order for *Honor Flight* to achieve this goal, guardians accompany you veterans on every flight providing assistance and helping you 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 *Franklin County Honor Flight, Inc.* For further information, please contact Jim at (314) 302-3858 or visit us at www.fchonorflight.org

First Name: _____ MI _____ Last _____ Nickname: _____ Gender _____

(As it appears on your Photo Identification for airline travel)

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____ SHIRT SIZE: S M L XL 2XL 3XL

E-MAIL ADDRESS: _____ DATE OF BIRTH: __/__/__

We pick a Guardian to escort you for the day, but if you have a preference, list name: _____

ALTERNATE CONTACT (son, daughter, etc):

NAME: _____ RELATIONSHIP _____

PHONE DAY: _____ EVENING: _____ CELL: _____

2nd ALTERNATE CONTACT (someone different than listed above, available on the day you travel):

NAME: _____ RELATIONSHIP: _____

PHONE: DAY: _____ EVENING: _____ CELL: _____

SERVICE HISTORY: BRANCH OF SERVICE: _____ RANK: _____

WHERE SERVED: _____

SERVICE DATES: FROM: __/__/____ TO: __/__/____ MEDALS: _____

MEDICAL: INFORMATION PROVIDED WILL **NOT** DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT NEEDED DURING THE TRIP AND IS USED ONLY BY FCHF AND FOR YOUR SAFETY.

MEDICATIONS (You may attach a separate sheet if more convenient):

<i>MEDICATION</i>	<i>TAKEN HOW OFTEN?</i>	<i>MEDICATION</i>	<i>TAKEN HOW OFTEN?</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any **drug allergies:** _____

Do you use **mobility equipment?** YES NO. If YES, please circle the device: Cane Walker Wheelchair Scooter

Do you have a history of **seizure?** YES NO If YES, what type (i.e. grand mal, petit mal, etc.)? _____

Last seizure **DATE:** _____ If within past 5 years, it is **STRONGLY** advised you discuss the trip with your doctor!

Are you able to **walk up and down a short flight of stairs?** (Charter buses have stairs.) YES NO.

PLEASE COMPLETE NEXT 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 doctor!

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** advised to discuss the trip with your doctor 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 doctor to write a prescription for oxygen to use during the flight and the tour. Oxygen will be provided. The prescription should be turned in with this 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, or you have NOT flown since the injury, it is **STRONGLY** advised you discuss the trip with your doctor.

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 you discuss this issue with your doctor.

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, my 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 **Franklin County Honor Flight, Inc.** 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 **Franklin County Honor Flight, Inc.** responsible for any injuries incurred by me while participating in the **Honor Flight** program

SIGNED: _____ **DATE:** ____/____/____

Please fill out **completely**, sign and then mail, email or fax to:

Rosalie McGaugh
311 Madelyn Ct
Washington, MO 63090
Phone: 636-390-1802
Fax: 888-583-1003
Email: mcgaughr@swbell.net

Veteran Eligibility Dates:

(Served anytime during one of these periods.)
WW II: December 7, 1941- December 31, 1946
Korean War: June 25, 1950 - January 31, 1955
Vietnam War: February 28, 1961 - May 7, 1975