

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 is given to all WW II Veterans 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*.

Honor Flight Central Florida serves the Central Florida Area for any WWII Veteran that plans on flying out of Orlando International Airport (MCO)

For more information contact honor.flight.central.florida@gmail.com or call 407-203-7010.

Fill out the front and back of this form and sign the last page

FIRST NAME	MIDDLE NAME	LAST NAME	
For airline security and travel purposes please list your name exactly as it appears on your driver's license or state issued ID			

STREE ADDRESS			
CITY	COUNTY	STATE	ZIP CODE
E-MAIL		IF YOU HAVE A NICKNAME PLEASE SHARE IT HERE	
DAY PHONE	EVENING PHONE	CELL PHONE	
WEIGHT	AGE	DOB	

How did you learn about the Honor Flight organization?

T-Shirt Size: **S M L XL XXL XXXL** *(circle one)*

SERVICE HISTORY

Branch of Service (check all that apply)	<input type="checkbox"/> ARMY	<input type="checkbox"/> NAVY
	<input type="checkbox"/> ARMY AIR FORCES	<input type="checkbox"/> MERCHANT MARINE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD
What was your Rating or Rank when you were discharged?	What was your Home Town before you went in?	
What was your job?		
Where did you serve/What theater or country?		

Please complete the back of this form

OVER →

MEDICAL INFORMATION

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 have any drug allergies ? If Yes, What are you allergic to? _____ _____	YES <input type="checkbox"/>
Do you have a history of seizure ? If Yes Please describe what type (i.e. grand mal, petit mal, other) _____ When was your last seizure? _____	YES <input type="checkbox"/>
Do you have problems with motion sickness (sea or air)? If yes, is it controlled with medications? YES <input type="checkbox"/>	YES <input type="checkbox"/>
Do you have any breathing problems ? If YES, please describe: _____	YES <input type="checkbox"/>
Do you use a home nebulizer machine?	YES <input type="checkbox"/>
Do you use oxygen at any time? 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. Turn in prescription with the application.	YES <input type="checkbox"/>
Do you have a problem walking the length of a football field without assistance? If yes, please describe the reason (e.g. lung problems, arthritis, heart problems, etc.) _____	YES <input type="checkbox"/>
Do you have a history of open head injuries, sinus problems, or ear problems ? If YES, have you flown since the open head injury, sinus or ear problems occurred? YES <input type="checkbox"/> If YES, did you have any problems? YES <input type="checkbox"/>	YES <input type="checkbox"/>
Do you have a urostomy or colostomy bag ? If YES, please make sure the bag is vented prior to flight	YES <input type="checkbox"/>

If you have answered YES to one or more of these questions, you are **STRONGLY** encouraged to discuss the trip with your private physician. **In most cases these conditions will not prevent you from making the trip.** However, your safety and wellbeing are our primary concern. Advice from your doctor can make the trip much more enjoyable and give you and your family piece of mind.

Please share any concerns you may have:

List all medication that you take and their frequency. (Use an additional sheets if necessary)

Medication**How Often (Frequency)**

ALTERNATE CONTACT

STREE ADDRESS		
CITY	STATE	ZIP CODE
DAY PHONE	EVENING PHONE	CELL PHONE
E-MAIL	RELATIONSHIP TO APPLICANT	

EMERGENCY CONTACT

STREE ADDRESS		
CITY	STATE	ZIP CODE
DAY PHONE	EVENING PHONE	CELL PHONE
E-MAIL	RELATIONSHIP TO APPLICANT	

Please complete the back of this form

OVER ↻

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 neither Honor Flight nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight or the Flight Provider responsible for any injuries incurred by me while participating in the Honor Flight program.

SIGNATURE: _____ DATE: ____/____/____

- *(E-mail applicants will be required to sign prior to actual trip date)

Submit completed applications to:

Honor Flight Central Florida, Inc.
Box# 321
1170 Tree Swallow Drive
Winter Springs, FL 32708

Please note that #321 must be on a separate line and not included in the street address.

**For assistance in completing this form please
contact honor.flight.central.florida@gmail.com
or call 407-203-7010.**