**FOR HONOR FLIGHT USE ONLY** L.N.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.R.: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

***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 WW II and terminally ill veterans from **all** wars. In the future, ***Honor Flight*** will be expanded to include Korean and Vietnam veterans. 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 contact us at **(913) 683-1369** or visit us at [**www.honorflightkc.org**](http://www.honorflightkc.org)



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | | | Nickname | | | |
| (Full name as it appears on Driver’s License) | | | | | | |
| Address | City | | | State | | Zip |
| Phone Day | Evening | | | Mobile | | |
| Email | | DOB | | Age | Gender  M  F | |
| Please indicate T-Shirt Size:  S,  M,  L,  XL,  XXL,  XXXL  Other | | | | | | |
| Service History  WWII  Korean  Vietnam  Other | | | | Branch of Service | | |
| Please indicate RANK, WHERE you served and any activity you were engaged in | | | | | | |
|  | | | | | | |
| * How did you learn about the Honor Flight organization?  TV  Radio  Family  Friend  Other i.e. Meeting | | | | | | |
| * Please list one (1) alternate contact (son, daughter, etc) | | | | | | |
| Name | Relationship to Veteran | | | | | |
| Address | City | | | State | | Zip |
| Email | | | | | | |
| Phone Day | Evening | | | Mobile | | |
| * Please list one (1) emergency contact (available the day you travel) | | | | | | |
| Name | Relationship to Veteran | | | | | |
| Address | City | | | State | | Zip |
| Email | | | | | | |
| Phone Day | Evening | | | Mobile | | |
| * Preferred departing Airport  KCI(MCI)  Other [list city(ies)] | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| YOUR PRIVACY IS IMPORTANT TO US. MEDICAL INFORMATION YOU PROVIDE WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT NEEDED TO PROVIDE FOR SAFETY DURING THE MISSION. INFORMATION PROVIDED IS FOR HFNKC AND MEDICAL PERSONNEL ONLY. | | | |
| * Do you use mobility equipment?  Yes  No If yes indicate  Cane  Walker  Wheelchair  Scooter | | | |
| * Do you have any drug allergies?  Yes  No If yes please list | | | |
| MEDICATIONS (Please list all medications you are taking and how often you take them i.e. morning, evening, etc.) | | | |
| MEDICATION | TAKEN HOW OFTEN | MEDICATION | TAKEN HOW OFTEN |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| * Do you have a history of seizures?  Yes  No | | | |
| If yes, please describe type (i.e. grand mal, petit mal, etc.)  If yes, when was your last seizure (date)? If within the past 5 years, you are STRONGLY advised to consult your primary physician prior to the mission. | | | |
| * Do you have problems with motion sickness (sea or air)?  Yes  No | | | |
| If yes, is it controlled with medication?  Yes  No If it is NOT controlled with medication, you are STRONGLY advised to consult your primary physician prior to the mission. | | | |
| * Do you have a history of open head injuries, sinus problems, or ear problems?  Yes  No | | | |
| If yes, have you flown since the problem?  Yes  No If yes, did you experience any problems during the trip?   Yes  No If you have NOT flown since the problem occurred or your answer was yes, you are STRONGLY advised to consult your primary physician prior to the mission. | | | |
| * Do you have any breathing problems?  Yes  No If yes, please describe | | | |
| If yes, do you use a home nebulizer machine?  Yes  No Please indicate make and model  If yes, do you use oxygen at any time?  Yes  No If yes, Oxygen will be provided. You will be required to provide a physician’s prescription for the Oxygen to be used for the mission. | | | |
| * Do you have a colostomy or urostomy bag?  Yes  No If yes, please make sure the bag is vented prior to the flight. If you do not know if your bag is vented, it is STRONGLY advised that you consult your physician. | | | |
| * Do you have a problem walking the length of a football field without assistance?  Yes  No   If yes, please describe the reason (i.e. lung problems, heart problems, arthritis, neuropathy, etc.) | | | |
| 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 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 Network activities and will not hold Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight 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)

\*If under 18, a parent/guardian must also sign and date below.

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Please submit this form to:

Honor Flight of Kansas City, P.O. Box 46718, Kansas City, MO 64188

Or E-mail to: [hfnofkclist@gmail.com](mailto:hfnofkclist@gmail.com)