



HONOR FLIGHT LOWCOUNTRY

Veteran Application

Honor Flight Lowcountry recognizes America's World War II Heroes for your sacrifice and achievements by flying you to Washington, DC to see YOUR memorial at no charge. Our mission is to ensure that EVERY Lowcountry WWII Veteran is given the opportunity to experience their Honor Flight. Honor Flight Guardians fly with the Veterans on each flight providing assistance and helping Veterans have a safe, memorable and rewarding experience. Please consider this a small token of appreciation from all of us at Honor Flight Lowcountry.

Date of Birth: ____/____/____ (Month/Day/Year)

Name: _____ Nick Name: _____
(EXACTLY as it appears on Government issued ID)

Address: _____ City: _____

State: _____ Zip Code: _____

Phone (Day): (____)____-____ (Evening)(____)____-____ (Cell)(____)____-____

Date of Birth: ____/____/____ E-Mail: _____

Occupation: _____

Branch of Service: _____ Rank (at time of retirement) _____

Hometown: _____

Activity during WWII: Atlantic Pacific Both Other _____

MEDICAL INFORMATION - Information about your medical needs will not disqualify you! It permits the physicians and nurses accompanying the flight to prepare and support any needs you may have. Honor Flight Lowcountry will not share medical information.

Do you use mobility equipment? YES NO

If YES, please check: Cane Walker Wheelchair Motorized Scooter

Might you need a wheelchair at any time during the trip? YES NO

Please list any drug allergies: _____

Do you have a history of seizures? Type: _____

If your last seizure occurred within the last FIVE years, you MUST discuss this trip with your physician prior to submitting this application.

If you use a Nebulizer, you must discuss this trip with your physician prior to submitting this application. A prescription for the nebulizer must accompany this application. Honor Flight Lowcountry will provide a portable machine if you do not have one.

Do you have a urostomy or colostomy bag? YES NO

If YES, you will need to bring an extra bag as a precaution.

DO YOU USE OXYGEN? YES NO

YOU MUST SUBMIT YOUR PHYSICIAN'S PRESCRIPTION FOR YOUR OXYGEN FOR THE FLIGHT AT THE TIME YOU SUBMIT THIS APPLICATION. HONOR FLIGHT LOWCOUNTRY WILL PROVIDE THE OXYGEN FOR YOU BASED ON THE PRESCRIPTION.

HONOR FLIGHT LOWCOUNTRY

Veteran Application (continued)



Please list ALL of your medications

Medication	Taken how often?	Medication	Taken how often?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional comments or concerns: _____

Honor Flight Lowcountry will host a pre-flight meeting in the weeks leading up to the trip. Specific issues can be addressed with our physicians and nurses at that time.

Alternate Contact (son, daughter, etc)

Name: _____ **Relationship:** _____

Address: _____

City/State/Zip: _____

Phone (Day): (____) ____ - ____ **(Evening)**(____) ____ - ____ **(Cell)**(____) ____ - ____

E-mail: _____ @ _____

Emergency Contact

Contact Name: _____ **Relationship:** _____

Address: _____ **City/State/Zip:** _____

Phone (Day): (____) ____ - ____ **(Evening)**(____) ____ - ____ **(Cell)**(____) ____ - ____

T-Shirt Size: XXXL XXL XL L M S

Please review and sign

I, the undersigned, acknowledge and agree that as photographic and video equipment are frequently used to memorialize and document Honor Flight trips and events, I grant permission for my image, voice and/or likeness to appear in any public forum, such as the media or Honor Flight promotional material. I hereby release the photographer and Honor Flight from all claims and liability relating to said photograph, voice and/or likeness. I hereby waive any rights, compensation or ownership thereto.

Furthermore, I acknowledge that medical insurance is my responsibility. I understand that Honor Flight Lowcountry does NOT provide comprehensive medical care or medical insurance. It is my responsibility to discuss medical issues with my physician prior to the trip. 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.

Date: ____ / ____ / ____ (Month/Day/Year)

Print Name (as it appears on Government ID)

Signature

Please submit this form to:
 Honor Flight Lowcountry
 PO Box 12308
 Charleston, SC 29422