



Veteran Application

Parsons High School Honor Flight

YOUR NAME: _____ NICK NAME _____
 (Use your full name as it appears on your driver's license or government ID)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ Cell: _____ EMAIL: _____

AGE: _____ DOB: _____ T-SHIRT SIZE: _____ GENDER: M F

BRANCH OF SERVICE: _____ RANK: _____ SERVICE DATES: _____

WAR SERVED: _____ ACTIVITY DURING SERVICE: _____

MEDICAL

*INFORMATION PROVIDED WILL **NOT** DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. INFORMATION IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL ONLY*

Medication	How Often Taken	Medication	How Often Taken

- Do you use Mobility Equipment? YES NO (If yes, please circle: Cane Walker Wheelchair Scooter)
- Do you have any Drug Allergies? YES NO (If yes, please describe: _____)
- Do you have a history of seizures? YES NO (If yes, please describe: _____)
 - Date of last seizure: _____
 - If you have had a seizure within the last 5 years, it is strongly advised to discuss travel with your doctor
- Do you get motion sickness? YES NO (If yes, is it controlled with medication? YES NO)
- Do you have any breathing problems? YES NO (If yes, please describe: _____)
- Do you use a home nebulizer? YES NO
- Do you use oxygen at any time? YES NO (If yes, you will need an oxygen prescription from you doctor to be able to use oxygen during the trip. Oxygen will be provided. The prescription should be included with the application.)
- Do you have a problem walking the length of a football field without assistance? YES NO (If yes, please describe (e.g. heart or lung problems, arthritis, etc.): _____)
- 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 have any problems flying? YES NO
- Do you have a urostomy or colostomy bag? YES NO (If yes, please ensure the bag is vented prior to flight.)

• Additional Medical Comments or Concerns: _____

*****IF YOU ANSWERED "YES" TO ANY OF THE MEDICAL QUESTIONS, YOU ARE STRONGLY ADVISED TO DISCUSS THIS TRIP WITH YOUR DOCTOR*****

PREFERRED CONTACT

NAME: _____ RELATIONSHIP _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ Cell: _____ EMAIL: _____

ALTERNATE CONTACT

NAME: _____ RELATIONSHIP _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ Cell: _____ EMAIL: _____

PLEASE REVIEW CAREFULLY:

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.

SIGNED: _____ DATE: _____

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. However, Korean and Vietnam veterans are encouraged to apply. 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 PHS Honor Flight.

Please submit this form to:
Mike Kastle
2800 Partridge, Parsons, Kansas 67357
e-mail : mikelindakastle@gmail.com