



FRANKLIN COUNTY HONOR FLIGHT VETERAN APPLICATION



Honor Flight recognizes American Veterans for your sacrifice and achievements by flying you to Washington, D.C. to see YOUR memorials at no cost. Currently, we are honoring WW II, Korean and Vietnam War era veterans. Top priority is given to terminally ill veterans from **any** conflict. In order for Honor Flight to achieve this goal, an escort/guardian will accompany you on the 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. (FCHF)**. For further information, please contact us at (636) 584-5253 or visit www.fchonorflight.org or on Facebook at **Franklin County Honor Flight – Missouri**

(Name) Last _____ First _____ Middle _____ Nick Name _____

Date of Birth _____ Height _____ ft. _____ in. Weight _____ lbs. Gender (M) (F)
(As it appears on your ID for airline travel)

Address _____

City _____ County _____ State _____ Zip Code _____

PHONE (Day) _____ (Evening) _____ (Cell) _____

EMAIL ADDRESS _____ Shirt Size (please circle) **S M L XL 2XL 3XL 4XL 5XL**

EMERGENCY CONTACT (someone available on the day you travel)

Name _____ Relationship _____

PHONE (Day) _____ (Evening) _____ (Cell) _____

ALTERNATE CONTACT (someone other than the above who is available on the day you travel)

Name _____ Relationship _____

PHONE (Day) _____ (Evening) _____ (Cell) _____

Service History

Branch of Service _____ Rank _____ Service Dates _____

Hometown (City and State from which you entered the military) _____

Activity during your tour of service _____

Are you requesting to travel with a specific veteran, if possible? **YES** _____ **NO** _____

If yes, please name the veteran _____ *(note; veteran application must be submitted separately)*

Is there a specific guardian you wish to travel with you? **YES** _____ **NO** _____

If **YES**, what is his/her name? _____ Relationship _____

How did you hear about Honor Flight? _____

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

List any medical conditions (heart, diabetes, pace maker, etc.) for which you are currently receiving treatment from a physician. Also list any physical issues that would limit your ability to travel (e.g. wheelchair, walker, shortness of breath, use of oxygen, etc.)

MEDICATION(s) Please list any medications being taken and how often. You may attach a separate sheet if it is more convenient)

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

Please list any allergies _____

Do you have any dietary restrictions? _____

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

Do you have a history of seizures? _____

Last Seizure date _____ (If within the past 5 years, it is **STRONGLY** advised you discuss the trip with your doctor)

Do you have a problem with motion sickness (air/etc.)? **YES NO** If yes, is it controlled with medication? **YES NO**

Do you have a breathing problem? **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 your doctor to be able to use oxygen during the trip. The prescription should be included with your application. Additionally you should equip yourself with a **Portable Oxygen Concentrator** during the trip, as the airline does not allow oxygen on their aircraft. If necessary, oxygen **may** be provided if requested with a prescription.

Do you have a problem **walking** the length of a football field? **YES NO**

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

Do you have any 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 **uroscopy** or **colostomy bag**? **YES NO**

Any additional comments _____

Note IF YOU ANSWERED YES TO ANY OF THE MEDICAL QUESTIONS, YOU ARE STRONGLY ADVISED TO DISCUSS THIS TRIP WITH YOUR DOCTOR. 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, your image may appear in a public forum, such as the media, Facebook, or a website, etc., to acknowledge, promote or advance the work of the Honor Flight program. I hereby release the photographer and **FCHF, Inc.** from all claims and liabilities 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 purpose 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 risk associated with travel and other Honor Flight activities and will not hold **FCHF, Inc.** responsible for any illnesses or injuries incurred by me while participating in the Honor Flight program.
3. As part of your eligibility for consideration to participate with the **FCHF, Inc.** program, a criminal background check will be completed for each application.
4. In addition, any errors or omissions in this application may be reason to deny your participation.

SIGNED _____

DATE ____ / ____ / ____

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

Rosalie McGaugh
311 Madelyn Ct.
Washington, MO 63090

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Phone No. (636) 390-1802
FCHF – Veteran Application (09-01-2019)