

FOR FREEDOM HONOR FLIGHT USE ONLY Last Name: _____ Date Received: ____/____/____

NOTE: THIS FORM IS FOR LA CROSSE, WISCONSIN FLIGHTS ONLY!



FIND YOUR CLOSEST HUB AT:

www.honorflight.org/national-hubs/



Veteran Application

Freedom 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 order for *Freedom 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 *Freedom Honor Flight*. For further information, please contact us a (608) 784-1015 or visit us at www.freedomhonorflight.org

YOUR NAME: _____ **NICK NAME:** _____

(As it appears on your ID for airline travel) (If Applicable)

ADDRESS: _____ **DATE OF BIRTH** ____ / ____ / ____

CITY: _____ **COUNTY:** _____ **STATE:** _____ **ZIP:** _____

PHONE: Day: _____ **Evening:** _____ **Cell Phone:** _____

E-MAIL ADDRESS: _____ **WEIGHT:** _____

HOW DID YOU HEAR ABOUT FREEDOM HONOR FLIGHT? _____

TEE SHIRT SIZE: (S, M, L, XL, XXL, XXXL) _____

ALTERNATE CONTACT (son, daughter, etc): **NAME:** _____

PHONE: _____ **E-MAIL:** _____ **RELATIONSHIP:** _____

EMERGENCY CONTACT INFORMATION (someone available the day you travel):

Name: _____ **Relationship:** _____

Address: _____

PHONE: Day: _____ **Evening:** _____ **Mobile:** _____

SERVICE HISTORY: BRANCH OF SERVICE: _____ **RANK:** _____

HOME TOWN (from which city and state did you enter the service?): _____

ACTIVITY DURING WWII, KOREA, VIETNAM: _____

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

Do you use mobility equipment? YES NO. (circle one)

IF YES, please circle device: CANE WALKER WHEELCHAIR SCOOTER

MEDICATIONS (name and how often you take it):

| MEDICATION TAKEN | HOW OFTEN? | MEDICATION TAKEN | HOW OFTEN? |
|------------------|------------|------------------|------------|
| | | | |
| | | | |
| | | | |

Do you have any **drug allergies**? If so, please list below

Do you have a history of **seizure**? YES NO Please describe what type (i.e. grand mal, petit mal, other)

When was your last seizure? _____. **If within past 5 years, we STRONGLY advise you to discuss trip with your private physician, and we may require a signed clearance from your personal physician.**

Do you have problems with motion sickness (sea or air)? YES NO.

If yes, is it controlled with medications? YES NO

If motion sickness is not controlled with medications, it is STRONGLY advised you discuss the trip with your private physician!

Do you have any breathing problems? YES NO.

If YES, please describe: _____

Do you use a home nebulizer machine? YES NO.

If YES, you are STRONGLY encouraged to discuss the trip with your private physician concerning the use of portable hand-held nebulizers during the trip.

Do you use oxygen at any time? YES NO.

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. The prescription should be turned in with the application.

Do you have a problem walking the length of a football field without assistance? YES NO.

If yes, please describe the reason (e.g. lung problems, arthritis, heart problems, etc.):

Do you have a history of open head injuries, sinus problems, or ear problems? YES NO.

If YES, have you flown since the open head injury, sinus or ear problems occurred? YES NO.

If YES, did you have any problems? YES NO

If YES, it is STRONGLY advised you discuss the trip with your private physician. If you have NEVER flown since the open head injury, sinus or ear problems, again we STRONGLY advise you discuss the trip with your private physician.

Do you have a urostomy or colostomy bag? YES NO.

If YES, please make sure the bag is vented prior to flight. If you do not know if your bag is vented, it is STRONGLY advised that you discuss this issue with your private physician.

Are you requesting to travel with a specific Guardian, if possible? _____ Yes _____ No If yes, please name the Guardian: **(Please note that a completed Guardian application must be submitted separately.)**

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 Freedom 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 Freedom Honor Flight program. I hereby release the photographer and Freedom Honor Flight from all claims and liability relating to said photographs. I hereby give permission for my images captured during Freedom Honor Flight activities through video, photo, or other media, to be used solely for the purposes of Freedom Honor Flight promotional material and publications, and waive any rights or compensation or ownership thereto. I further consent to my name and telephone number being given to news media to allow them to contact me for interviews. I understand I do not have to consent to be interviewed by the news media if I do not wish to do so.
2. I further state that medical insurance is the responsibility of the passenger and I understand that Freedom Honor Flight does NOT provide medical care. I understand that I accept all risks associated with travel and other Freedom Honor Flight activities and will not hold Freedom Honor Flight responsible for any injuries incurred by me while participating in the Freedom Honor Flight program

Reminder! This form is for flights originating from La Crosse, Wisconsin only. Find your closest hub at www.honorflight.org/national-hubs/ or call 937-521-2400 for assistance in finding it.

Please submit this form to:

**Freedom Honor Flight, Inc.
ATTN: Veteran Application
Freedom Honor Flight
P.O. Box 505
La Crosse, WI 54602-0505**

Eligibility Dates for Veterans

I certify that I served during one of the following periods: (Please check one)

_____ **U.S. MERCHANT MARINES**--December 7,1941 to August 15,1945

_____ **WWII**---December 7,1941 to December 31,1946

_____ **KOREA**---June 25,1950 to January 31,1955

_____ **VIETNAM**---February 28,1961 to May 7,1975

SIGNED: _____ **DATE:** ____ / ____ / ____