



Brushy Creek Area Honor Flight WWII & Korean War Veteran Application

Honor Flight recognizes American Veterans for their sacrifices and achievements by flying them to Washington, DC to see their memorial at no cost. The Brushy Creek Area Honor Flight gives top priority to WWII (December 7, 1941 – December 31, 1946) and Korean (6/25/1950 – 1/31/1955) Veterans. For what you and your comrades have given to us, please consider this a small token of appreciation from all of us at the Brushy Creek Area Honor Flight. For further information on the Brushy Creek Area Honor Flight, please contact Charlie Walker at 515-576-0671.

VETERAN'S INFORMATION:

Name _____
(Name - Exactly as it appears on your driver's license or government ID)

Address _____ City _____
State _____ Zip _____ County of Residence _____
Phone: Day _____ Evening _____ Cell _____
Weight _____ DOB _____ Gender _____ Branch of Service _____ Rank _____
Dates of Service (**Please attach DD214**) _____
Home Town (from which city and state did you enter the service?) _____
T-Shirt Size (please circle one size): S M L XL XXL XXXL
Have you flown on an Honor or Freedom Flight as a Veteran before? _____ If so, from
where did you fly out of? _____

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

Name _____ Relationship _____
Address _____ City _____
State _____ Zip _____ County of Residence _____
Phone: Day _____ Evening _____ Cell _____
E-mail address _____

ALTERNATE CONTACT (son, daughter, etc.):

Name _____ Relationship _____
Address _____ City _____
State _____ Zip _____ County of Residence _____
Phone: Day _____ Evening _____ Cell _____
E-mail address _____

MEDICAL INFORMATION:

(Please note: The information you provide will not disqualify you. It permits us to assess the support we need during the trip and is for Honor Flight and medical personnel only.) Please answer "yes" or "no" to the following questions:

1. Are you currently on any medications? Yes _____ No _____
(**If yes, please attach a list of all your current medications & their dosages**)
2. Do you use mobility equipment? Yes _____ No _____
If yes, please circle device: Cane Walker Wheelchair Scooter
3. Do you have any drug or food allergies? Yes _____ No _____
If yes, what are you allergic to? _____

4. Do you have a history of seizures? Yes _____ No _____
 If yes, please describe what type (i.e. grand mal, petit mal, other) _____
 If yes, when was your last seizure? _____ (If your last seizure was within the past 5 years, it is **STRONGLY** advised that you discuss this trip with your private physician.)
5. Do you have problems with motion sickness (car 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 that you discuss this trip with your private physician.)
6. 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 this trip with your private physician concerning the use of portable hand-held nebulizers during the trip!)
7. Do you use oxygen at any time? Yes _____ No _____ (If yes, you will need to have your private physician 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. ****)
8. 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, arthritis, heart problems, etc.): _____
9. Do you have any history of open head injuries, sinus problems, or ear problems? Yes _____ No _____ If yes, have you flown since its occurrence? Yes _____ No _____ If yes, did you have any problems? Yes _____ No _____ (If yes, it is **STRONGLY** advised you discuss this trip with your private physician. If you have **NEVER** flown again since its occurrence, we **STRONGLY** advise you discuss this trip with your private physician.)
10. 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.)

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, a Veteran's 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** _____

Every item must be completed before the application is processed or it will be sent back.

Please submit application, DD214 & Medication List to:

Brushy Creek Area Honor Flight
320 S. 12th St.
Fort Dodge, IA 50501-4816