



## HONOR FLIGHT APPLICATION

Honor Flight and the Electric Cooperatives of South Carolina recognize America's World War II heroes for your sacrifice and achievements by flying you to Washington, DC to see YOUR memorial at no charge. This Honor Flight is scheduled for April 11, 2012. The one-day trip departs Columbia Airport at 7:30 a.m. and returns at 7:00 p.m. Honor Flight's mission is to ensure every WWII Veteran is given the opportunity to experience this special tribute to your service to our country.



Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Official Name \_\_\_\_\_ Nick Name: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip Code: \_\_\_\_\_

Phone (Day): (\_\_\_\_) \_\_\_\_-\_\_\_\_ (Evening) (\_\_\_\_) \_\_\_\_-\_\_\_\_ (Cell) (\_\_\_\_) \_\_\_\_-\_\_\_\_

Occupation: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Operating Force (Fleet, Division, Brigade, etc..) \_\_\_\_\_

Rank at time of retirement: \_\_\_\_\_

Activity during WWII: Atlantic \_\_\_\_ Pacific \_\_\_\_ Both \_\_\_\_ Other \_\_\_\_\_

Hometown: \_\_\_\_\_

**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 and the Electric Cooperatives of South Carolina will not share your medical information.

**Do you use mobility equipment?** Yes \_\_\_\_ No \_\_\_\_

**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?** Yes \_\_\_\_ No \_\_\_\_ If yes, type: \_\_\_\_\_

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

**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 of South Carolina will provide the oxygen based upon the prescription.*

**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 of South Carolina will provide a portable machine if you do not have one.

**If you have** a urostomy or colostomy bag, you will need to bring an extra as a precaution.



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Please list ALL of your medications

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

Additional health-related comments or concerns:

### Alternate/Emergency Contact (son, daughter, etc.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone (Day): (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (Evening) (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (Cell) (\_\_\_\_) \_\_\_\_ - \_\_\_\_

E-Mail: \_\_\_\_\_

**Guardians play a significant role** on every Honor Flight, physically assisting veterans at the airport, during the flight and at the memorials. Guardians must be 18 years of age, and cannot be a spouse of the traveling veteran.

**Do you plan to travel with a guardian?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide the following information:

Name: \_\_\_\_\_ Phone (Day): (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (Cell) (\_\_\_\_) \_\_\_\_ - \_\_\_\_

You are a member of which electric cooperative? \_\_\_\_\_

Who referred you to Honor Flight? \_\_\_\_\_

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 waive any rights, compensation or ownership thereto.

Furthermore, I acknowledge that medical insurance is my responsibility. I understand that Honor Flight and the Electric Cooperatives of South Carolina do 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 or the Electric Cooperatives of South Carolina responsible for any injuries incurred by me while participating in this program.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_