



Midwest Honor Flight recognizes American veterans in NW Iowa, South Dakota, and SW Minnesota for your sacrifices and achievements by taking you to Washington, DC to see YOUR memorial at no cost to you. Top priority is given to WWII and terminally ill veterans from all wars. Midwest Honor Flight has expanded to include Korean and Vietnam veterans. For Midwest 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 Honor Flight. For further information, please contact us a (712) 463-2020 or visit us at www.midwesthonorflight.org.

YOUR **FULL** NAME: _____ NICK NAME: _____
As it appears on your ID: First Name FULL Middle Name Last Name

ADDRESS _____ CITY: _____ STATE: _____ ZIP: _____

County: _____ PHONE: Home: _____ Cell Phone: _____

E-MAIL ADDRESS: _____ DATE OF BIRTH (MM/DD/YYYY): _____ AGE: _____

GENDER: _____ T-SHIRT SIZE: (Circle One) S M L XL XXL XXXL XXXXL

Is there a Specific Guardian you would like to fly with you? What is their name and relationship to you (SORRY, NO SPOUSES):

****IF A GUARDIAN IS REQUESTED SPECIFICALLY, THEIR APPLICATION MUST ACCOMPANY YOUR APPLICATION****

WHICH MIDWEST HONOR FLIGHT DATES **DO NOT** WORK FOR YOUR SCHEDULE: _____

HOW DID YOU HEAR ABOUT HONOR FLIGHT? _____

ALTERNATE CONTACT: NAME and Relationship to you: _____

PHONE: _____ E-MAIL: _____

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

Name: _____ Relationship: _____

Address OR E-Mail Address: _____

PHONE # Primary #: (_____) _____ Secondary/Cell Phone: (_____) _____

SERVICE HISTORY: BRANCH OF SERVICE: _____ RANK: _____

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

Which Conflict (s) did you serve during: (Please circle ALL that apply) WWII Korean Vietnam

Other Conflict: _____

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

Do you use mobility equipment? YES NO 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?
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Midwest Honor Flight does not sell, rent, or otherwise disclose any personal or confidential information. This information will be used solely for the purpose of your trip to ensure you have a safe, enjoyable experience in Washington, D.C.

Do you have any **drug allergies**? _____

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

How long ago was your last seizure? _____

-If within past 5 years, **STRONGLY** advised you discuss trip with your private 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, we 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.

The prescription should be turned in with the application. Oxygen will be provided on the tour but if a Portable Oxygen

Concentrator is needed the Veteran must make those arrangements.

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.

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 Midwest 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 Midwest Honor Flight program. I hereby release the photographer and Midwest Honor Flight from all claims and liability relating to said photographs. I hereby give permission for my images captured during Midwest Honor Flight activities through video, photo, or other media, to be used solely for the purposes of Midwest 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 guardian and I understand that Midwest Honor Flight does NOT provide medical care. I understand that I accept all risks associated with travel and other Midwest Honor Flight activities and will not hold Midwest Honor Flight responsible for any injuries incurred by me while participating in the Midwest Honor Flight program.
3. I understand that there are waiting lists of veterans who have applied before me and understand that Midwest Honor Flight flies veterans, at no cost to them without governmental funding, with the policy of "first to apply, first to fly" with priority always given to any WWII veteran or terminally ill veteran. Failure to completely fill out the entirety of this application may result in my application being return to me or not considered for flights.

SIGNED: _____ DATE: ____/____/____

(Applying Veteran Signature)

Please submit this form to: **Midwest Honor Flight
Veteran Applications
PO Box 22
Sioux Center, IA 51250**

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