

GUARDIAN MEDICAL HISTORY AND EMERGENCY INFORMATION



**MIDWEST
HONOR FLIGHT**



The purpose of this form is to provide medical information about participants should an emergency arise. Guardians must complete this form prior to participating in a Midwest Honor Flight Mission. While you may have included this information on your initial application, insurance requires an updated copy to ensure all information is correct. Your information will not be submitted to any other organizations, just used to confirm by our board.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: ____/____/____ GENDER: _____

Medical conditions:

Medications: Please attach a list of all medications including dose and frequency as accurately as possible; do not include vitamins. A printed list from your medical provider is preferred. If no medications are taken, you may skip this step.

Please list all allergies, other than food, that you have (i.e. medication, bee stings):

If so, do you carry an EpiPen? YES NO

1. Do you have special dietary needs such as low salt, kosher, gluten-free? YES NO

If so, please explain below (we cannot guarantee service for all needs, but will try)

Do you have any food allergies? YES NO

If so, please explain below

2. Do you use insulin? YES NO

If yes, please list dose and frequency. DOSE: FREQUENCY:

Have you ever had an insulin reaction? YES NO

If you've had an insulin reaction, please list your symptoms: _____

3. Please list any additional special considerations

EMERGENCY CONTACT INFORMATION

In case of an emergency, please list contact information of the person you would like Midwest Honor Flight to contact on your behalf should something arise.

NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

Advance Directives (DNR, etc.)

Do you have Advanced Directives that you wish to have followed on this trip? YES NO

If yes, your "code status" should be discussed prior to the trip with your own physician (who can provide you with the appropriate forms). Those forms must be attached and returned with this document.

I hereby authorize Midwest Honor Flight, its officers, employees, members, participants, users and/or volunteers, to take the action they believe is appropriate in an emergency situation. Further, I agree to indemnify and hold harmless the Midwest Honor Flight, and officer, employee, member, participant, user and/or volunteer thereof, against any claim(s) arising out of said emergency care.

Signature: _____ Date: _____

Parent/Guardian Signature: _____

(only required for Guardians under the age of 18)