



Veteran Application

Parsons, Chetopa, St. Paul
High Schools Honor Flight
Parsons, Kansas

NAME: _____ NICKNAME: _____
(Use your name as it appears on your driver's license or government ID)
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ Cell: _____ EMAIL: _____
AGE: _____ DOB: _____ T-SHIRT SIZE: _____ GENDER: M F
BRANCH OF SERVICE: _____ RANK: _____ SERVICE DATES: _____
WAR SERVED: _____ ACTIVITY DURING SERVICE: _____

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

Medications (How Often Taken)

Do you use Mobility Equipment? YES NO (If yes, please circle: Cane Walker Wheelchair Scooter)
Do you have any Drug Allergies? YES NO (If yes, please describe: _____)
Do you have a history of seizures? YES NO (If yes, please describe: _____)
o Date of last seizure: _____ o If you have had a seizure within the last 5 years, it is strongly advised to discuss travel with your doctor
Do you get motion sickness? YES NO (If yes, is it controlled with medication? YES NO)
Do you have any breathing problems? YES NO (If yes, please describe: _____)
Do you use a home nebulizer? YES NO
Do you use oxygen at any time? YES NO (If yes, you will need an oxygen prescription from you doctor to be able to use oxygen during the trip. Oxygen will be provided. The prescription should be included with the application.)
Do you have a problem walking the length of a football field without assistance? YES NO (If yes, please describe (e.g. heart or lung problems, arthritis, etc.): _____)
Do you have a history of open head injuries, sinus problems, or ear problems? YES NO
• If yes, have you flown since the problem? YES NO
• If yes, did you have any problems flying? YES NO
Do you have an ostomy or colostomy bag? YES NO (If yes, please ensure the bag is vented prior to flight.)
Do you smoke? YES NO Do you vape? YES NO

• Additional Medical Comments or Concerns:

*****IF YOU ANSWERED "YES" TO ANY OF THE MEDICAL QUESTIONS, YOU ARE STRONGLY ADVISED TO DISCUSS THIS TRIP WITH YOUR DOCTOR*****

PREFERRED CONTACT:

NAME: _____ RELATIONSHIP _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ PHONE: _____
EMAIL: _____

ALTERNATE CONTACT:

NAME: _____ RELATIONSHIP _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ PHONE: _____
EMAIL: _____

PLEASE REVIEW CAREFULLY: The undersigned acknowledges and agrees that:

1. 1. As photographic and video equipment are frequently used to memorialize and document 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 Honor Flight program. I 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 Honor Flight promotional material and publications, and waive any rights or compensation or ownership thereto.
2. 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.
3. 3. I consent to a background check and give this hub and/or its designee the authority to conduct such a check as needed for participation.

SIGNED: _____ DATE: _____

Parsons, Chetopa, St. Paul High Schools Honor Flight recognizes American Veterans for your sacrifices and achievements by flying you to Washington, DC to see YOUR memorials at no cost. For our Honor Flight to achieve this goal, high school guardians fly with the Veterans on every flight, providing assistance and helping Veterans have a safe, memorable, and rewarding experience. Veterans are accompanied on their flight by guardians who serve as escorts to the Veterans. We select our high school guardians from our designated schools based on their character and compassion, as well as their capabilities to perform the minimum requirements.

Top priority is given to WWII and terminally ill Veterans from all wars. After WWII and terminally ill priority is as follows: those who served between WWII and Korean War, Korean War Veterans, those who served between Korean and Vietnam Wars, then Vietnam War Veterans. Although we are not yet serving Veterans post 1975, you may submit your application and we will keep it on file until your era is eligible to participate.

IMPORTANT: Our Honor Flight DOES NOT accept family members, friends, or caretakers of a Veteran to serve as their Veteran's guardian on an honor flight. Please do not encourage your family members, friends, or caretakers to apply for guardian status, as their application will not be considered.

Thank you in advance for submitting your application and allowing us the honor of escorting you to Washington to see your memorials. We also want to extend our appreciation to you for your service and sacrifice to our great country. For what you and your comrades have given to us, please consider this a small token of appreciation from our Honor Flight.

Please submit this form to:

Bobbi Williams
1303 NW 82nd Terrace
Columbus, KS 66725
bwilliams@usd505.org

or
Debbie Shaffer
2710 Appleton
Parsons, KS 67357
dshaffer@vikingnet.net