



Brushy Creek Area Honor Flight Veteran Application



PO Box 104
Fort Dodge, IA 50501

Brushy Creek Honor Flight, through the Honor Flight Network, recognizes American Veterans in Iowa 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, Korean and terminally ill Veterans. Brushy Creek Honor Flight are for veteran who have served during the time frame 1941 to 1975. Brushy Creek Honor Flight to achieve this goal, Guardians fly with the Veterans on every flight providing assistance and helping to ensure you have a safe, memorable, and rewarding experience. For further information please contact us at brushycreekareahonorflight@gmail.com or (515) 573-9350 Sara Murphy

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: Army Marines Navy Air Force Coast Guard

Dates of Service: WWII Korea Vietnam Other _____ (**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

Would you be willing and able to push a veteran in a wheelchair or assist other veterans as a team leader the day of the flight? Yes _____ No _____

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. Mobility Level : _____
1- No Mobility will use a wheelchair the entire trip. Assistance transferring to seat. No stairs
2- Limited Mobility will use a wheelchair the entire trip. May need assist moving to seat. No stairs
3- Fair Mobility will need wheelchair for longer walks. May need assistance with stairs.
3 -Moderate Mobility might need a wheelchair for longer walks. No assistance need with stairs. 4 -Good Mobility will not need physical assistance or wheelchair.
3. Do you use mobility equipment: _____ Yes _____ No cane walker wheelchair scooter

4. Do you have any drug or food allergies? Yes _____ No _____
If yes, what are you allergic to? _____
5. Do 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.)
6. 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.)
7. 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!)
8. 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. **)
9. 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.): _____
10. 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.)
11. 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
PO Box 104
Fort Dodge, IA 50501