



VETERAN APPLICATION

AmericanWarrior.us wants to recognize WWII Veterans for your sacrifices and achievements by flying you to Washington, DC to see the World War II Memorial at NO COST. In order for AmericanWarrior 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. For more information, please visit www.AmericanWarrior.org or call 860.886.1874.

CONTACT INFORMATION

YOUR NAME _____ NICK NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
DAY PHONE _____ EVENING PHONE _____ CELL PHONE _____
EMAIL ADDRESS _____ WEIGHT _____ AGE _____
HOW DID YOU HEAR ABOUT US? _____
ALTERNATE CONTACT (SON, DAUGHTER, ETC) _____

EMERGENCY CONTACT INFORMATION (SOMEONE AVAILABLE THE DAY YOU TRAVEL)

NAME _____ RELATIONSHIP _____
ADDRESS _____
DAY PHONE _____ EVENING PHONE _____ CELL PHONE _____

SERVICE HISTORY

BRANCH OF SERVICE _____ RANK _____
WHICH CITY AND STATE DID YOU ENTER THE SERVICE? _____ TSHIRT SIZE _____
ACTIVITY DURING WWII _____

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.

MEDICINE _____ TAKEN HOW OFTEN _____
MEDICINE _____ TAKEN HOW OFTEN _____
MEDICINE _____ TAKEN HOW OFTEN _____
MEDICINE _____ TAKEN HOW OFTEN _____
MEDICINE _____ TAKEN HOW OFTEN _____

DO YOU HAVE ANY DRUG ALLERGIES? _____

DO YOU HAVE A HISTORY OF SEIZURE? 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 you discuss the trip with a private physician.

FORM CONTINUES ON BACK

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, it is STRONGLY advised you discuss the trip with a private physician.

DO YOU HAVE A BREATHING PROBLEMS? YES NO

IF YES, PLEASE DESCRIBE _____

DO YOU USE A HOME NEBLIZER MACHINE? YES NO

If yes, you are 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. Oxygen will be provided. The prescription should be turned in with the application.

DO YOU HAVE A PROBLEM WALKING THE LENGTH OF A FOOTBALL FIELD WITHOUT ASSISTANCE? YES NO

IF YES, PLEASE DESCRIBE THE REASON (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 PROBLEM? 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 AND CONCERNS:

PLEASE REVIEW CAREFULLY AND SIGN

The undersigned acknowledges and agrees that: 1. We will take pictures and video to document our trip to Washington DC. These pictures may appear on our website or elsewhere. I hereby release the AmericanWarrior.us 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 materials and publications, and waive any rights or compensation of ownership thereto. 2. I further state that medical insurance is the responsibility of the veteran and I understand that AmericanWarrior.us does not provide medical care. I understand that I accept all risks associated with travel and other AmericanWarrior activities and will not hold AmericanWarrior.us responsible for any injuries incurred by me while participating in the Honor Flight program.

SIGNED: _____ DATE: _____

PLEASE MAIL TO THE FOLLOWING ADDRESS

AmericanWarrior.us
PO Box #337
35 Main St.
Versailles, CT 06383