



An Official Hub of the
Honor Flight Network®

VETERANS: Before you sign up, here are some things you should know about Coastal Georgia Honor Flight.

- 1) It is a VERY long day, beginning with arriving at the Brunswick-Golden Isles Airport (BQK) by 5:00 AM and returning that same evening around 9-10:00 PM.
- 2) It is a VERY busy day that includes 8 stops through Washington, DC and Arlington, VA. That means off the bus and back on the bus (up and down stairs) 8 times. Also, you will need to be able to walk to your seat on the plane and go up and down the stairs of the buses in which we travel multiple times throughout the day. Your guardians and others are there to assist you but you still need to be able to make those steps. Only you can judge that.
- 3) All veterans who use any type of mobility equipment, whether it is a cane, walker, crutches or a wheelchair, will be assigned a wheelchair and a guardian to maneuver them throughout the day, no exceptions.
- 4) Personal walkers, crutches, and wheelchairs must be kept in a secure room at BQK until we return that evening. You can bring only your cane with you.
- 5) Any veteran needing oxygen will be provided with an oxygen concentrator for use on the aircraft, and oxygen bottles once we arrive at the Baltimore-Washington International Airport (BWIA), completely free of charge. We require two separate prescriptions from your doctor for each item, because we have to send them to two different places. We also need them not less than one month before the flight. The prescription for the concentrator must specify the rate of flow and what type of delivery system you need, whether it is by mask or cannula. Most O2 users use a cannula. The prescription for the bottles should specify how many are needed for you to use while we're in the DC area as well as the method of delivery.
- 6) There will be a Meet and Greet session with your guardians, two to three weeks before the flight. At that session you will be issued all your gear for flight day so it is important that you make every effort to attend. Advance notice as to date, time and location will be provided.

If you are OK with all of the above, we look forward to receiving your application for Honor Flight 2018.

Coastal Georgia Honor Flight, Inc.

P.O. Box 20466
St. Simons Island, GA 31522
Email: info@coastalgeorgiahonorflight.org
Phone: 912.434.6160 or 615.351.6312
www.coastalgeorgiahonorflight.org



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VETERAN APPLICATION – 2018

Please note that if you have already gone on an Honor Flight you cannot go again. It is a once in a lifetime opportunity.

Honor Flight works on a first come, first served basis. Priority is given to WWII veterans first, due to their age, then Korean, and now Vietnam veterans in that order, as funds are raised and space is available. You do not have to have served in combat or even in theater, just during the official years of those conflicts. Terminally ill veterans will get top priority.

Please also note that spouses and significant others are NOT allowed to accompany a veteran.

Please **print** clearly (Name **MUST** be *exactly* as it is on your license/photo I.D. for airport security reasons).

LAST NAME: _____ FIRST: _____ MIDDLE: _____

NICK NAME (if applicable, for your name tag): _____ Please circle your T-shirt size: S, M, L, XL, XXL, XXXL

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PHONE(S): WORK: _____ HOME: _____ MOBILE: _____

EMAIL ADDRESS: _____ WEIGHT: _____ AGE: _____ D.O.B.: _____

OCCUPATION: _____ HOW DID YOU YEAR ABOUT HONOR FLIGHT: _____

FAMILY/EMERGENCY CONTACT (someone who will not be on the trip and will be available the day you travel):

NAME: _____ RELATIONSHIP TO YOU: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PHONES: WORK: _____ HOME: _____ MOBILE: _____

EMAIL ADDRESS: _____

YOUR SERVICE HISTORY: BRANCH : _____ FROM: _____ TO: _____
Month/Year Month/Year

HIGHEST RANK ACHIEVED: _____

CONFLICT(S) DURING WHICH YOU SERVED: WWII: _____ KOREA: _____ VIETNAM: _____ (check all that apply)

ANYTHING ABOUT YOUR SERVICE YOU'D LIKE TO SHARE WITH US? (specialty(ies), places you served, unit(s), significant awards/medals, etc.): _____

MEDICAL INFORMATION:

1) You will NOT be disqualified from the Flight due to any of the information you supply on this form. We need it to assess the kind of support you may need on the trip. Information you provide is for use solely by Honor Flight and its medical personnel. **Honor Flight** will have at least one medical doctor, nurse, and a qualified EMT traveling with the group. If you have any concerns about taking this trip, we recommend that you discuss them with your private physician.

We need to know the following so we can chose a guardian for you who is able and willing to assist you all day:

DO YOU THINK YOU CAN WALK WITHOUT ASSISTANCE? Yes:___ No:____ . IF NO, HOW FAR DO YOU THINK YOU CAN WALK WITH MINIMAL ASSISTANCE: _____ yards.

DO YOU USE MOBILITY EQUIPMENT? YES: ___ NO:___ IF YES, CANE:___ WALKER:___ WHEELCHAIR:___ SCOOTER CHAIR:___ (check those which apply). Please note that your private walkers, wheelchairs or scooter chairs will not come with you on the flight, only canes. They will be stored at the Brunswick/Golden Isles Airport in a secured area. **We will have wheelchairs available on the entire trip.** Your private equipment will be made available to you upon your return.

DO YOU USE OXYGEN: YES: ___ NO:___ Please note that oxygen bottles are not allowed on the aircraft. We will provide a portable oxygen concentrator for your use on the aircraft, if necessary, at no cost to you, but you must let us know and provide a formal written prescription from your physician. It must specify the required rate of flow and the method of delivery (mask or nasal cannula). You can bring your own if you have one but we can in no way be responsible for them. Additionally, we can arrange to have oxygen bottles available for your use at no cost to you throughout the day when we arrive at the Baltimore-Washington International Airport, to be turned in when we get back to BWIA. Again, this requires a written prescription from your physician. This prescription must specify the estimated number of bottles your doctor estimates you will need as well as the method of delivery (mask or nasal cannula). We require two separate prescriptions because we have to send them to two separate places. We need them both *well in advance* of the date of the flight.

DO YOU HAVE ANY DRUG ALLERGIES? YES:___ NO:___ If yes, please describe so our medical team will know:

DO YOU HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING?

Heart Attack: Yes___ No___ If yes, when? _____

By-Pass Surgery: Yes___ No___ If yes, when? _____

Pacemaker: Yes___ No___ If yes, when installed: _____

Stroke: Yes___ No___ If yes, when? _____

Diabetes: Yes___ No___ If yes, do you take meds? Yes___ No___ If yes, type: _____

Asthma: Yes___ No___ If yes, do you use an inhaler: Yes___ No___

Eye Problems: Yes___ No___ If yes, please explain: _____

Ear Problems: Yes___ No___ If yes, please explain: _____

Knee Surgery: Yes___ No___ If yes, please explain: _____

Back Surgery: Yes___ No___ If yes, please explain: _____

Cancer Surgery: Yes___ No___ If yes, is there an on-going problem/treatment? _____

CPAP: Yes___ No___

Bladder Problems: Yes___ No___ If yes, do you use a catheter? Yes___ No___

Are you incontinent: Yes___ No___ If yes, do you wear depends? Yes___ No___ Colostomy bag? Yes___ No___

Allergies: Yes___ No___ If yes, please explain: _____

Motion sickness: Yes___ No___ If yes, do you take a medication for it? Type: _____

Seizures: Yes___ No___ If yes, please explain: _____

If they are controlled with medication, what type: _____

Do you have any open wounds that require care: Yes: ___ No ___ If yes, please explain: _____

Sinus problems: Yes___ No___ If yes, please explain: _____

Any serious health problems not noted above: _____

Prescription medications you take: _____

You should bring any and all required medicines with you. You should bring enough for two days in case for some reason we get held over due to bad weather or other cause.

PLEASE REVIEW THE FOLLOWING CAREFULLY AND SIGN AND DATE WHERE INDICATED:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document ***Honor Flight*** trips and events, that my image may appear in a public forum, such as the newspapers other media or a website, to acknowledge, promote, or advance the work of the ***Honor Flight*** program. I hereby release the photographer, ***Honor Flight***, and ***Coastal Georgia Honor Flight, Inc.*** 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. Any photographs or videos I post on social media also can be used by ***Honor Flight*** for its promotional needs.

2. I further state that medical insurance is my responsibility and I understand that neither ***Honor Flight*** nor the provider of the aircraft ("Flight Provider") or buses provides medical care. I understand that I accept all risks associated with travel and other ***Honor Flight*** activities and will not hold ***Honor Flight***, the Flight Provider, ***Coastal Georgia Honor Flight, Inc.***, guardians, other veterans, volunteers, ***Honor Flight*** Support Members, or any person appearing or quoted in any advertisement or public service announcement or on behalf of ***Honor Flight*** responsible for any injuries or illness incurred by me while participating in the ***Honor Flight*** program.

Signed: _____ Print Name: _____ Date: _____

PLEASE MAIL THIS COMPLETED FORM TO:

Coastal Georgia Honor Flight, Inc.
Attn: Veteran's Application
P.O. Box 20466
St. Simons Island, GA 31522

Questions? 912.434.6160 or 613.574.6907