

Patriot Flight Veteran Application

For Patriot Flight Use Only: LAST NAME: _____ Date Received: _____

Patriot Flight recognizes American Veterans for your sacrifices and achievements. We fly you to Washington, DC to see the War Memorial at no cost. Patriot Flight Inc is honored to do this for you. For more information, contact Rhonda @878-2257 or Frank@ us (518) 439-9265 or www.patriotflight.com

NAME: _____ Nick name: _____

****NOTE: NAME MUST BE AS IT APPEARS on your ID for airline travel (license, passport, govt ID)**

Address: _____

City: _____ State: _____ Zip: _____

Phone: day: _____ cell phone: _____

E-mail address: _____ date of birth _____

How did you hear about Patriot flight? _____

Have you been on a Patriot Flight or any Honor Flight before YES NO When _____

Tee shirt size: (s, m, l, xl, xxl, xxxl) _____

Will a Guardian accompany you on the flight? YES NO If so, please list person & relationship

Name: _____ Relationship: _____

Phone: day _____ cell: _____ email _____

***** You must list a contact person (preferably a relative that we can contact now & on travel day)**

Name: _____ Relationship: _____

Address: _____

Phone: day _____ cell: _____ email _____

____ Veteran of WW II (12-7-41 / 12-31-46) ____ Korean (6-25-50 / 1-31-55) ____ Viet Nam (2-28-61 / 5-7-75)

Branch of service: _____ Rank or Specialty _____

Activity during the War: _____

Home town (entered service in what city and state) _____

Please include something about yourself. Medals, awards, ships, planes, battles, human interest story, hobbies, livelihood after the war _____

Medical Information Form

Name _____

Medical: information provided will not disqualify you. We need to assess the support and medical personnel for your trip. Information is for Patriot flight and medical personnel only.

Do you use mobility equipment? YES NO If yes, circle device: cane walker wheelchair scooter

Medications List (use back sheet if y need more space)

Medication taken	How Often	Medication taken	How Often
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any drug allergies? _____

History of seizure? YES NO Describe type (i.e. grand mal, petit mal, other) _____

When was your last seizure? _____, we STRONGLY advise you to discuss with your physician

Problems with motion sickness (sea or air)? YES NO. If yes, is it controlled with meds? YES NO

If motion sickness is not controlled with medications, we STRONGLY advise you to discuss with physician

Do you have any breathing problems? YES NO. If YES, please describe _____

Do you use a home nebulizer machine? YES NO. If YES, we STRONGLY advise you to discuss with your 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 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 (e.g. 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 problems? YES NO

If YES, it is STRONGLY advise you to discuss with your 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 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, we STRONGLY advise you to discuss this issue with your physician

Additional Comments or Concerns _____

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PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document Patriot 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 Patriot Flight program. I hereby release the photographer and Patriot Flight from all claims and liability relating to said photographs. I hereby give permission for my images captured during Patriot Flight activities through video, photo, or other media, to be used solely for the purposes of Patriot 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 Patriot Flight does NOT provide medical care. I understand that I accept all risks associated with travel and other Patriot Flight activities and will not hold Patriot Flight responsible for any injuries incurred by me while participating in the Patriot Flight program

3. The Honor Flight Network requires that selection on the flights is on a first come – first serve basis. Only terminally ill Veterans receive priority. If the Veteran has a serious health issue, Patriot Flight may require a doctor's written permission for participation in a Patriot Flight event.

NAME PRINTED _____

SIGNED _____

DATE: ____/____/____

PLEASE NOTE: We require a signed form to be on file. You will receive a phone call and/or an email upon Patriot Flight receiving your application. A final confirmation will be sent to you (email preferred, your response required) 4-6 weeks prior to the flight.

If you complete this form and scan it, please return it as a 'jpg' (jpeg files).

Entitle the file as 'Your last name VetApplic.jpg Example: PattonVetApplic.jpg

E-mail to fomservice@aol.com and/or frankd@patriotflight.com or both.

If you wish to send it via US Postal Service, Please submit this form to
Patriot Flight / Frank DeSorbo
PO Box 190 Delmar NY 12054

Any Questions, please call

Phone: Rhonda, Veteran Coordinator @ 518-878-2257 or Frank @ 518-439-9265