

FOR Louisiana HonorAir, Inc. USE ONLY Last Name _____ Flight Date _____

Guardian Name: _____ ID #: _____ Phone No.: _____



Louisiana HonorAir, Inc.

Veteran Application

Personal Information

Full Name: _____
(As it appears on ID for airline travel) Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Home Phone: () _____ Alt. Phone () _____

E-mail Address: _____

Birth Date: _____ Marital Status: _____ Spouse's Name: _____

As a participant in the *Louisiana HonorAir, Inc.* flight, I will also receive a complimentary video.

Louisiana HonorAir, Inc. has my permission to include my name, address and phone number in the directory.
YES NO (circle one)

Military Information

Military Branch: _____

Place(s) Served: _____

Date Enlisted/Drafted: _____

Date Discharged: _____

Additional Information: _____

Emergency Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

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MEDICAL INFORMATION

(INFORMATION IS FOR LOUISIANA HONORAIR AND MEDICAL PERSONNEL ONLY)

Do you have a problem walking short distances without assistance? YES NO.

If YES, please describe the reason (e.g. lung problems, arthritis, heart problems, etc.):

Do you use a CANE or WALKER? YES NO

Do you take MEDICATIONS? YES NO

If YES, please list and how often you take it:

Do you have any drug allergies? YES NO

If YES, please list _____

Do you have sinus problems or ear problems? YES NO

If YES, do you have any problems with sinuses or ears while flying? YES NO

Do you have problems with motion sickness (sea or air)? YES NO.

If YES, is it controlled with medications? YES NO

Answering YES to any of the following MAY disqualify you. A physician's release will be required.

Do you have a history of seizures? YES NO

IF YES, when did it last occur? _____

Describe what type (i.e. grand mal, petit mal, other). _____

Do you have a history of open head injuries? YES NO.

If YES, have you flown since the open head injury occurred? YES NO.

If YES, did you have any problems? YES NO

Do you have any breathing problems? YES NO

If YES, please describe: _____

Do you use a home nebulizer machine? YES NO

Do you use oxygen at any time? YES NO

Do you have a urostomy or colostomy bag? YES NO

Additional Comments or Concerns: _____

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PLEASE REVIEW CAREFULLY AND SIGN

The undersigned acknowledges and agrees that:

As photographic and video equipment are frequently used to memorialize and document *Louisiana HonorAir, Inc.* 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 *Louisiana HonorAir, Inc.* program.

I hereby release the photographer and *Louisiana HonorAir, Inc.* from all claims and liability relating to said photographs.

I hereby give permission for my images captured during *Louisiana HonorAir, Inc.* activities through video, photo, or other media, to be used solely for the purposes of *Louisiana HonorAir, Inc.* promotional material and publications, and waive any rights or compensation or ownership thereto.

I further state that medical insurance is the responsibility of the participant and I understand that *Louisiana HonorAir, Inc.* does NOT provide medical care. I understand that I accept all risks associated with travel and other *Louisiana HonorAir, Inc.* activities and will not hold *Louisiana HonorAir, Inc.* responsible for any injuries incurred by me while participating in the *Louisiana HonorAir, Inc.* program.

Signed: _____

Printed Name : _____

Date: _____

PLEASE COMPLETE ALL THREE PAGES AND MAIL TO:

LOUISIANA HONORAIR, INC.

P.O. BOX 4616

LAFAYETTE, LA 70502

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