



Received: \_\_\_\_\_ Interviewed \_\_\_\_\_

# Honor Flight Southern Nevada Veteran Application For the HONOR FLIGHT EXPERIENCE LUNCHEON HELD IN LAS VEGAS

**This is for a special local event. This application will NOT put you on a list for going to Washington D.C. This is for the local luncheon only.**

Honor Flight Southern Nevada recognizes America's war veterans for their service and sacrifice.

As soon as the completed form is received by Honor Flight Southern Nevada via mail, fax or scanned emailed pdf file, and it is confirmed that all pages are complete, it will be reviewed by team. For further information, please contact us at **702-749-5912** or go online to [www.honorflightsouthernnevada.org](http://www.honorflightsouthernnevada.org).

**Please complete and submit all pages of this form with required signature(s) as soon as possible to:**

Honor Flight Southern Nevada  
2190 E. Pebble Road, Suite 150  
Las Vegas, NV 89123  
FAX: 702-749-5933  
[applications@honorflightsouthernnevada.org](mailto:applications@honorflightsouthernnevada.org)

**[INCOMPLETE APPLICATIONS CANNOT BE PROCESSED ]**

Your name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Date of birth (Month/Day/Year): \_\_\_\_\_

Gender:  Male  Female

T-shirt size (Please circle your size): S M L XL XXL XXXL

WWII Korean War Vietnam War Gulf War or War in Middle East (Please circle)

Dates you served in the military (Month/Year to Month/Year): \_\_\_\_\_ to \_\_\_\_\_

Branch of service:  Army  Air Force  Navy  Marines  Coast Guard

Other \_\_\_\_\_ Rank: \_\_\_\_\_ Service number: (if known) \_\_\_\_\_

Country(ies) where you served: \_\_\_\_\_

Activity during the war: \_\_\_\_\_

Any medals or commendations received during service, any special events:

\_\_\_\_\_  
\_\_\_\_\_

## CONTACT INFORMATION

### Primary emergency contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Cell \_\_\_\_\_ Email: \_\_\_\_\_

### Non-Spouse alternate contact (son, daughter, grandchild, personal friend):

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Cell \_\_\_\_\_ Email: \_\_\_\_\_

## GUARDIAN INFORMATION

Honor Flight Southern Nevada help supply a Guardian for the event if you do not have a family member able to assist you. If you have a family member that will be escorting you that day, they must in good health, and be able to push the wheelchair, if needed. Please list that person's contact information below.

Guardians will need to pay for their part of the luncheon. You can contact us for more details on that cost.

Requested guardian name: \_\_\_\_\_

Phone: \_\_\_\_\_ Requested guardian email: \_\_\_\_\_

## BRIEF MEDICAL INFORMATION TO ENSURE YOUR SAFETY

**YOUR MEDICAL INFORMATION – Please understand that providing this information will not necessarily disqualify you. We need this information to ensure the everyone is safe and enjoyable for all veterans applying.**

1. Place of residence:

Private home  Private condo/apartment  Independent living/Assisted living/Nursing home

2. Do you have a personal care attendant?

No  Yes  8-12 hours  2-4 times per week  24 hours

3. Do you attend adult day care?  Yes, how many days per week? \_\_\_\_\_  No

4. Please check all that apply:  Cane  Walker  Crutches  Wheelchair  Scooter

Prosthetics/braces  None of the above

6. How far can you walk without assistance? None  0-10 steps 25 feet  One block or more

7. Do you have diabetes?  Yes  No

If yes, how do you control it?  Insulin  Pill  Diet controlled

9. Do you have a pacemaker/defibrillator?  Yes  No

Do you have a history of heart problems?  Yes  No

If yes, please specify: \_\_\_\_\_

10. History of COPD or asthma?  Yes  No If yes, please describe: \_\_\_\_\_

11. Do you have a history of high blood pressure or on medication for it?  Yes  No

12. Do you have any history of visual impairment (other than glasses)?  Yes  No

If yes, please describe: \_\_\_\_\_

13. History of dementia or Alzheimer's OR are you on prescription medications for memory?

Yes  No

14. Please list any allergies you have: \_\_\_\_\_

Any bee sting reaction?  Yes  No Do you carry an epinephrine pen with you?  Yes  No

If yes, please bring your epinephrine pen with you on the trip. Initial here: \_\_\_\_\_

### MEDICAL RELEASE

The information I have provided is complete and accurate. I understand that Honor Flight Southern Nevada medical volunteers will review my health history and may speak with my healthcare provider(s) to clarify any medical concerns. If any of this information is **falsified or pertinent medical information is omitted**, or if my medical conditions change or are determined by Honor Flight Southern Nevada to be unacceptable to participate, I understand I may be disqualified from participating in an Honor Flight at the sole discretion of Honor Flight Southern Nevada. I understand that medical insurance and medical costs that may be incurred pursuant to participation are my responsibility and that Honor Flight Southern Nevada does not provide medical care. I understand that I accept all risks associated with travel and other Honor Flight Southern Nevada activities, and that I have executed a Release, Covenant Not to Sue and Indemnity agreement in favor of Honor Flight Southern Nevada while participating in the program. ***I hereby give consent and permission to any of my medical providers or emergency medical providers to discuss and release my health and treatment information for treatment purposes I may require during my participation in the Honor Flight Southern Nevada program and my signature on this page shall be sufficient evidence of my consent.*** My signature authorizes you to call my physician or any other personnel familiar with my care to discuss my medical history. Please note that a facsimile signature will also be accepted as an original signature.

### PHOTOGRAPHIC AND MEDIA RELEASE

As photographic and video equipment are frequently used to memorialize and document **Honor Flight Southern Nevada (HFSN) and the Honor Flight Network (HFN)** 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 **HFSN and the HFN** program. I hereby release the photographer and **HFSN and the HFN** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **HFSN and the HFN** activities through video, photo, or other media, to be used solely for the purposes of **HFSN and the HFN** promotional material and publications, and waive any rights of compensation or ownership thereto.

Veteran signature required: \_\_\_\_\_

Please print your name: \_\_\_\_\_

Date form completed: \_\_\_\_\_