



# Honor Flight South Carolina Veteran Application



**Honor Flight** recognizes American veterans for your sacrifices and achievements by flying you to Washington, DC to see YOUR memorial at **no cost**. Top priority is given to WWII vets, Korean War vets, Vietnam War vets and terminally ill veterans from **all** wars. In order for **Honor Flight** to achieve this goal, guardians fly with the veterans on every flight aiding and helping veterans have a **safe**, memorable and rewarding experience. (*Those guardians pay their own way, covering expenses currently at \$600 per guardian.*) For what you and your comrades have given to us, please consider this a small token of appreciation from all of us at **Honor Flight**. For more information, please call **(864) 869.VETS (8387)**. Note: Honor Flight provides trained guardians for the day of the event. If you know someone who would like to apply, please refer them to our Guardian Application. They will be screened before being offered the position of guardian.

**YOUR NAME:** \_\_\_\_\_ Preferred: \_\_\_\_\_  
*(Full name as it appears on government ID) (For Name Tag)*

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

**City:** \_\_\_\_\_ **State :** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell Phone or other Primary Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **How did you hear about Honor Flight?** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**T-Shirt Size:** (S, M, L, XL, XXL, XXXL) \_\_\_\_\_

**Alternate Contact:** (son, daughter, etc): **Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

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

**EMERGENCY CONTACT INFORMATION** (someone available the day you travel)

**NOTE: Spouses/significant others cannot accompany to D.C.**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

**Phone: Day:** \_\_\_\_\_ **Evening:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**SERVICE HISTORY** | **Dates of Service:** \_\_\_\_\_ **Branch of Service :** \_\_\_\_\_

Rank: \_\_\_\_\_ Home Town: (from which city and state did you enter the service?): \_\_\_\_\_

Your War Period: WWII \_\_\_\_\_ Korea \_\_\_\_\_ Vietnam \_\_\_\_\_ Other \_\_\_\_\_

Activity during your military service: \_\_\_\_\_

**MEDICAL: Information provided will NOT disqualify you. It permits us to assess the support we need during the trip.**

Information is for Honor Flight and Medical Personnel only.

• Name & phone # of your physician: \_\_\_\_\_

• Do you use mobility equipment? Yes No. If Yes, please circle device: Cane, Walker, Wheelchair, Scooter

**MEDICATIONS** (name and how often you take it):

<u>MEDICATION</u>	<u>TAKEN HOW OFTEN?</u>	<u>MEDICATION</u>	<u>TAKEN HOW OFTEN?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

• Do you have any drug allergies? \_\_\_\_\_

• Do you take blood thinners or aspirin? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, how often? \_\_\_\_\_

• Do you have a history of seizure? Yes \_\_\_\_\_ No \_\_\_\_\_ Please describe what type (i.e. grand mal, petit mal, other) \_\_\_\_\_ . When was your last seizure? \_\_\_\_\_ . If within past 5 years, **strongly** advised you discuss trip with your private physician.

• Do you have problems with motion sickness? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, controlled with medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If motion sickness is not controlled with medications, it is **strongly** advised you discuss the trip with your private physician!

• Do you have any breathing problems? Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, please describe: \_\_\_\_\_

• Do you use a home nebulizer machine? Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, you are **strongly** 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.

• Would 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 \_\_\_
- Have you flown without problems since the open head injury, sinus or ear problems occurred? Yes \_\_\_ No \_\_\_ It is **strongly** advised you discuss the trip with your private physician, let him know you will be flying, if you have had an open head injury, sinus or ear problems.
- 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.
- Do you have a history of urinary or fecal incontinence? Yes \_\_\_ No \_\_\_  
If so, it is requested that you bring with you several adult diapers as well as a change of pants in the event of an accident.
- Do you have any issues of memory loss or dementia? Yes \_\_\_ No \_\_\_
- Have you recently been hospitalized for any reason? **If yes, what was it for?**

\_\_\_\_\_

- Have you recently undergone any surgeries? If so please explain. Yes \_\_\_ No \_\_\_

\_\_\_\_\_

**Additional Comments or Concerns:**

\_\_\_\_\_

**PLEASE REVIEW CAREFULLY AND SIGN:**

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document **Honor 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 **Honor Flight** program. I hereby release the photographer and **Honor Flight** 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.

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

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*(E-mail applicants will be required to sign prior to actual flight date)*

**Forms may be mailed or e-mailed as indicated below:**

**mail:** Honor Flight Upstate South Carolina  
Attn: Veteran Application  
P.O. Box 838  
Simpsonville, SC 29681

**e-mail:** [honorflightofsouthcarolina@gmail.com](mailto:honorflightofsouthcarolina@gmail.com)

*Application for 2026 – 2028 Flying Seasons. Flights will take place April-June and/or September-November each year.*