

1. **Drug Allergies** (Please list):

2. **Food Allergies** (Please list):

3. Do you have a history of **seizures**?

YES NO

If yes, please describe what type (i.e., grand mal, petit mal, other): _____

What was the date of your last seizure? _____. If within the past 5 years, we **STRONGLY** advise you to discuss this trip with your private physician!

4. Do you have problems with **motion sickness** (Car or Air)?

YES NO

If yes, is it controlled with medications?

YES NO

If motion sickness is not controlled with medications, it is **STRONGLY** advised you discuss the trip with your private physician!

5. Do you have **breathing problems**?

YES NO

If yes, please describe: _____

6. 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.

7. Do you use **oxygen** at any time?

YES NO

If yes, you will need your private physician to write a prescription for a battery operated oxygen concentrator to be used during the flight. Please include Rate of Flow (i.e. 2 liters per minute), Duration (i.e. intermittent, as needed, continuous) and Delivery Method (i.e. nasal, cannula, mask). Oxygen cylinders will be available while in Washington D.C.

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. I also agree that if I am selected I will only travel on the means of transportation that is specifically selected and authorized by ***Honor Flight New England***.
3. Veterans are responsible for obtaining transportation to and from the airport on the date of the flight.

WHICH AIRPORT DO YOU PREFER? MANCHESTER: _____ LOGAN: _____

Veteran Signature

Printed Name

Date

Please submit this form to: Honor Flight New England
PO Box 16287
Hooksett, NH 03106

Please call Joe Byron at 603-518-5368 if you have any questions.