



# LEATHERSTOCKING HONOR FLIGHT VETERAN APPLICATION

For Leatherstocking Honor Flight Use Only:

LAST NAME: \_\_\_\_\_ Date Received: \_\_\_\_\_

*Leatherstocking Honor Flight, a hub of the National Honor Flight Network, recognizes American Veterans for their sacrifices and achievements by flying you to Washington, DC to see YOUR memorial at no cost. Top priority is given to WWII Veterans. Korean War Veterans (for which we are currently accepting applications), and terminally ill Veterans from all wars. Veterans are taken on a first come first serve basis. Guardians fly with the Veterans on every flight providing assistance and helping Veterans have a safe, memorable and rewarding experience. For what you and your comrades have given to us, please accept this as a small token of appreciation from all of us at Leatherstocking Honor Flight.*

NAME: \_\_\_\_\_ Nick name: \_\_\_\_\_ Male / Female

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

Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_ County of Residence: \_\_\_\_\_

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

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

Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(HOME) (CELL)

T-shirt size: SM MED LG XL 2XL 3XL Weight: \_\_\_\_\_ Height: \_\_\_\_\_

\_\_\_\_ Veteran of WW II \_\_\_\_ Korean \_\_\_\_ Vietnam

Branch of service: \_\_\_\_\_ Rank or Specialty \_\_\_\_\_

Home town (entered service in what city and state)  
\_\_\_\_\_

Tell us about your time... Medals, ships, planes and battles (use back of sheet if needed)  
\_\_\_\_\_  
\_\_\_\_\_

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

**\*This person MUST fill out a "Guardian Application"**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB \_\_\_\_\_

Phone: day ( ) \_\_\_\_\_ cell: ( ) \_\_\_\_\_

**\*\*\* Please list 2 contact people** (preferably a relative that we can contact now & on travel day)

**#1 Name:** \_\_\_\_\_

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

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

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
DAY CELL

**#2 Name:** \_\_\_\_\_

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

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

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
DAY CELL

# VETERAN Medical Information Form

Name \_\_\_\_\_

Medical: This permits us to assess the support we need during the trip.  
Information is for Honor Flight and medical personnel only.

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

If YES, is it 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 breathing problems? **YES NO** Do you use a home nebulizer? **YES NO**

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 cylinders will be provided when we arrive at Baltimore Airport to use for the day. You must provide the portable concentrator to use for the Flight. Honor Flight will recharge the battery and give back to us before the Flight home. ***The prescription should be turned in with this application.***

Do you have problems walking the length of a football field without assistance? **YES NO**

Please describe the reason(s) 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? **YES NO**

If YES, did you have any problems? **YES NO**

If YES, It is strongly recommended that you discuss the trip with your private physician.

Do you have a urostomy or colostomy bag? **YES NO**. If YES, please make sure the bag is vented prior to the flight. If you do not know if your bag is vented, it is **STRONGLY** advised that you discuss this issue with your private physician.

Please circle any of the following items you use: **cane walker wheelchair scooter**

**Medications List** (use back sheet if you need more space)

<u>Medication</u>	<u>How Often</u>	<u>Medication</u>	<u>How Often</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any drug allergies? **YES NO** Please list:

\_\_\_\_\_

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

When was your last seizure? \_\_\_\_/\_\_\_\_/\_\_\_\_ If within the last 5 yrs, it is **STRONGLY** advised you to discuss with your private physician.

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/Leatherstocking 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/Leatherstocking Honor Flight* program. I hereby release the photographer and *Honor Flight/Leatherstocking Honor Flight* from all claims and liability relating to said photographs. I hereby give permission for my images captured during *Honor Flight/Leatherstocking Honor Flight* activities through video, photo, or other media, to be used solely for the purposes of *Honor Flight/Leatherstocking Honor Flight* promotional material and publications, and waive any rights or compensation or ownership thereto. **2.** I further understand that *Honor Flight/Leatherstocking Honor Flight* does not provide medical care. I understand that I accept any risks associated with travel and other *Honor Flight* activities and will not hold *Honor Flight/Leatherstocking Honor Flight* responsible for any injuries incurred by me while participating in the *Honor Flight/Leatherstocking Honor Flight* program.

NAME PRINTED \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorize Leatherstocking Honor Flight officials to release my contact information (home phone and address) to others requesting individuals in the same flight for purposes of communication and camaraderie with the other participants.

Please circle one and initial: **YES**      **NO**      Initials: \_\_\_\_\_

**WWII Veterans or their spouses cannot serve as “Guardians”**

Please submit this form to:

Rhonda Cooper/Leatherstocking Honor Flight  
13 Native Dancer Lane, Saratoga Springs, NY 12866  
ATTN: Veteran Applications

**LEATHERSTOCKING**



**HONOR FLIGHT**

Please call Rhonda Cooper, Veteran Coordinator, (518) 878-2257 if you have any questions