



Serving Georgia's Veterans

FOR HONOR FLIGHT USE ONLY Last Name: _____ Age: _____
Date Received: _____ Assigned Guardian: _____

Veteran Application

Honor Flight Conyers, Inc 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 our senior veterans from WW II, Korean then Vietnam. In order for **Honor Flight** to achieve this goal, 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 consider this a small token of appreciation from all of us at **Honor Flight**. For further information, please contact us at 770 834 4007. You can also email us at kparsons@impactwestga.org.

YOUR NAME: _____ **NICKNAME:** _____
(As it appears on your State issued ID for airline travel) (If Applicable)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ DATE OF BIRTH: _____

PHONE: Day: _____ Cell: _____

E-MAIL ADDRESS: _____

WEIGHT: _____ TEE SHIRT SIZE: (S, M, L, XL, XXL, XXXL): _____

HOW DID YOU HEAR ABOUT HONOR FLIGHT? _____

SERVICE HISTORY: BRANCH OF SERVICE: _____ RANK: _____ YEARS SERVED: _____ - _____

HOME TOWN (from which city and state did you enter the service?): _____

THEATRE OF OPERATIONS: _____ ACTIVITY DURING CONFLICT: _____

WOULD YOU BE WILLING TO FURNISH A PICTURE OF YOURSELF DURING THE SERVICE (will be returned)? _____

GUARDIAN Is there a specific person you wish to travel with you. Yes ___ No ___ **IMPORTANT** Guardians cannot be your spouse or significant other. Guardians must be of the younger generation and qualify for this honor. If yes, please attach Guardian Application. Guardians are required to make a tax deductible donation to Honor Flight. If no, Honor Flight will provide a Guardian for you.

ALTERNATE CONTACT: (son, daughter, etc): NAME: _____

PHONE NOS.: _____ E-MAIL: _____ RELATIONSHIP: _____

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

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE: Day: _____ Evening: _____ Mobile: _____ Other: _____

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MEDICAL: INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. INFO IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL ONLY.

Do you use **mobility equipment**? YES NO. If YES, please circle device: CANE WALKER WHEELCHAIR SCOOTER

MEDICATIONS (name and how often you take it):

MEDICATION	TAKEN HOW OFTEN?	MEDICATION	TAKEN HOW OFTEN?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any **drug allergies**? YES NO. If YES, please list: _____

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** (sea 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!

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.

Do 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, knee or hip 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 occurred? YES NO. If YES, did you have any problems? YES NO. If YES, it is STRONGLY advised you discuss the trip with your private physician. If you have NEVER flown since the open head injury, sinus or ear problems, again we STRONGLY advise 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 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 **diabetes**? YES NO. If YES, do you take insulin? YES NO. If YES, you are STRONGLY encouraged to discuss the trip with your private physician concerning the use of insulin during the trip!

Do you have any **special dietary needs**? YES NO. If YES, PLEASE describe: _____

Additional Comments or Concerns: _____

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Honor Flight 2026

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 Conyers, Inc** 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)

Please submit this form to:

Honor Flight

ATTN: Veteran Application

PO Box 1677

Carrollton, GA 30117

Or e-mail to: Kparsons@impactwestga.org

Subject: Honor Flight