



# Medical Form

## All Guardians & Staff

**This form is MANDATORY for EVERY MISSION**

**>> Bring to Preflight Meeting Check-in<<**

### MEDICAL INFORMATION 2020

The purpose of this form is to provide Villages Honor Flight and/or emergency medical technicians information about the participants, should an emergency arise. Please include all medical information requested.

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

(As on your photo ID)

ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE # : (H) \_\_\_\_\_ (C) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ Age on Flight Day \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Drug Allergies \_\_\_\_\_ Food allergies \_\_\_\_\_

1) Medical

Conditions \_\_\_\_\_

2) Daily Medications and times taken (attach list, if necessary)

**3) Can you walk 2 miles easily, pushing a wheelchair?** \_\_\_\_\_

Emergency Hospital Use- May release updated medical information to the following people: \_\_\_\_\_

I hereby authorize Villages Honor Flight, its officers, employees, members, participants, users and/or volunteers, to take the action they believe is appropriate in an emergency situation. Further, I agree to indemnify and hold harmless Villages Honor Flight organization, any officer, employee, member, participant, user and/or volunteer thereof, against any claim(s) arising out of said emergency care.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_