

**All Guardians & Staff**  
**This form is MANDATORY for EVERY Mission**  
**>> Bring to Preflight Meeting Check-in <<**

**MEDICAL INFORMATION 2018**

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 ADDRESS: \_\_\_\_\_ Age \_\_\_\_\_

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 info 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 \_\_\_\_\_