



GUARDIAN MEDICAL & EMERGENCY INFORMATION

NAME: \_\_\_\_\_  
(As appears on driver's license or government ID)

DATE OF BIRTH: \_\_\_\_\_  
MM/DD/YY

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Home Phone Number

CELL PHONE (if bringing on trip): (\_\_\_\_\_) \_\_\_\_\_  
Area Code Cell Phone Number

**EMERGENCY CONTACT PERSON**

List the information of the person you would like Honor Flight Tucson to contact in case of an emergency:

Emergency Contact Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Home Phone

Relationship to Guardian: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Cell Phone

**MEDICAL INFORMATION**

The following information is gathered in order for us to have pertinent medical information to provide to medical personnel should an emergency occur during the trip. The information provided is for the use of Honor Flight Tucson and medical personnel only.

**Medical History:** Check all that apply.

- Heart condition
- High blood pressure
- Fainting episodes/Passing out
- Diabetes (Type \_\_\_\_\_)
- Pacemaker or defibrillator (circle one)
- History of seizures
- Hearing Aids
- Artificial joint(s) (hip, knee, shoulder, etc.)

Allergies to any medications? No  Yes  Please list: \_\_\_\_\_

Allergies to any foods? No  Yes  Please list: \_\_\_\_\_

If you have Advanced Health Directives or Do Not Resuscitate orders, we encourage you to carry a copy of the orders with you on the trip.