

THE NATIONAL HOLIDAY FUND
FOR SICK AND DISABLED CHILDREN

Registered Charity No 327714



Please Reply to:-
Mr A Price
43 Tower Road
Epping, CM16 5EN

This form must be completed clearly and in full by the Child's Parent or Legal Guardian

Would you please consider this child to be included on one of your holidays. I/We appreciate that all the Groups are attended by a Doctor, Nurses and the necessary auxiliary staff to meet the child's needs. I/We also understand that candidates' priorities will be assessed by a medical committee whose decision will be final and that any offer of a place will be subject to availability of funds; that the NHF reserve the right to cancel or alter stated arrangements at short notice and that parents or guardians will **not** be permitted to accompany their child.

I/We give permission for the Doctors and schools in charge of our child's care, to be approached for relevant medical, educational and social information in order that we may meet all your child's needs.

Signed _____ Parent(s) / Guardian

Full Name _____

Address _____

Post Code _____

Contact Tel No _____ E-mail _____

Date _____

Child's FULL name _____ **Male / Female**

Nature of Illness _____

Age _____ Date of Birth _____

Address (if different from above) _____

FULL name of your child's Doctor (GP) _____

Address & Telephone Number of your child's Doctor (GP) _____

_____ Post Code _____ Tel No _____

Hospital Consultant's Name _____

Address & Telephone Number of Hospital _____

_____ Post Code _____ Tel No _____

Hospital Reference Number (if known) _____

Name and address of school attended _____

Post Code _____ Tel No _____

Social Workers name and contact telephone number _____

We share information with similar charities: -

Has your child ever benefited or applied for a holiday with any other organisation? YES / NO

Has your child ever visited Florida, USA? YES / NO

Please RETURN this form with a recent photograph to the above address.

(NHF-1)