

THE NATIONAL HOLIDAY FUND
FOR SICK AND DISABLED CHILDREN

Registered Charity No 327714



Please Reply to:-
PO Box 318
Great Yarmouth
NR29 4WT

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 Date _____

Child's FULL name _____ Male / Female

Address _____ Post Code _____

Age _____ Date of Birth _____ Religion _____

Nature of Illness _____

Parent(s)/Guardian FULL name _____

Address _____

Post Code _____ Tel No _____ E-Mail _____

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

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

_____ Post Code _____ Tel No _____

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)