

**THE NATIONAL HOLIDAY FUND**  
**FOR SICK AND DISABLED CHILDREN**

Registered Charity No 327714



11, Aldwych Gardens,  
Spalding,  
Lincolnshire,  
PE11 3ZH

**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)