

Appendix 12 – Travel letters



A lifetime of specialist care

Royal Brompton & Harefield **NHS**
NHS Foundation Trust

Royal Brompton Hospital
Sydney Street
London
SW3 6NP

T: +44 (0)20 7352 8121

F: +44 (0)20 7351 8473

Date:

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

Re:

This child has cystic fibrosis and is currently under our care at the Royal Brompton Hospital. It is therefore necessary that the family carries with them on holiday the child's medications and these may include liquids, needles, syringes and a nebuliser device.

If any further information is required, please do not hesitate to contact the department at the Royal Brompton Hospital on 0207-351 8755; or after 5pm phone 0207-352 8121 and ask for bleep 1237 (on call paediatric respiratory SpR).

Yours faithfully,

PRINT NAME:

Signed:



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Date:

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

Re:

This child has cystic fibrosis and is currently under our care at the Royal Brompton Hospital. It is therefore necessary that the family carries with them on holiday the child's medications and these may include needles, syringes and a nebuliser device.

The child also has diabetes. It is essential that the family carry diabetic equipment for blood glucose monitoring (including a lancet drum) and medication (insulin pens with needles) in their hand luggage.

If any further information is required, please do not hesitate to contact the department at the Royal Brompton Hospital on 0207-351 8755; or after 5pm phone 0207-352 8121 and ask for bleep 1237 (on call paediatric respiratory SpR).

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Date:

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

Re:

This child has cystic fibrosis.

When the patient named above was examined, he/she was fit to travel, and I do not foresee any problems with his/her health whilst abroad.

If any further information is required, please do not hesitate to contact the department at the Royal Brompton Hospital on 0207-351 8755; or after 5pm phone 0207-352 8121 and ask for bleep 1237 (on call paediatric respiratory SpR).

Yours faithfully,

PRINT NAME:

Signed: