Day out with Air NZ

Flight to Christchurch 24th August 2024

CHILD'S INFORMATION

Child's full name: Prefers to be called:

Nature of Disability/Illness/Disadvantage background:

Sex: Male/Female (please circle) Age:

Has the child ever been on an airplane before:

Has the child ever been on a Koru Care Overseas trip before:

Is there any further information that will assist us in caring for your child:

What airport would you depart from to get to Christchurch: DUNEDIN

GENERAL INFORMATION
To be completed by the parents / guardian

Title: Mr/Mrs/Ms Surname First Name(s)

Address:

E-Mail Address:

Phone Contacts:
Home: (0) **Business: (0)** **Mobile:**

Name of caregiver on the day (if different from above):

Title: Mr/Mrs/Ms Surname First Name(s)

Address:

E-Mail Address:

Phone Contacts:
Home: (0) **Business: (0)** **Mobile:**

Consent Forms

I ……..parent /guardian…… hereby give Koru Care Otago and Air New Zealand my permission to use any photographs or video film taken by them of……on this trip for the specific purpose of advertising or displaying the trust/airline's activities.

Signed…….. Print Name:……. Date:……..