

Koru Care Otago
c/o Carmen Lobb,
117 Mornington Road,
Kenmure, Dunedin 9011
korucareotago@gmail.com
0212014407



KORU CARE TRIP APPLICATION FORM

To be completed by Family/Whānau/Guardian

(completed form can be scanned and emailed, or printed and posted)

Sunday 13th – Saturday 19th October 2024 subject to change dates around these dates

Dates TBC when flights and accommodation have been booked

Application close 30th June 2024

CHILDS INFORMATION		
Child's full name: (as per birth certificate/passport)	Prefers to be called:	
Date of birth: (must be at least 12 years old and at school on the date of the trip)	Male / Female / other (please circle)	
Height:	Weight:	Clothing size: Top
Care givers: Surname:		
First name(s):		
Street number & name:		
Suburb:		
Town/city:		
Contact:		
Home:	Work:	
Mobile:	Email address:	
TRAVEL		
Has your child been overseas before? If yes, please give details:	Yes / No (please circle)	
If yes, was it with Koru Care / Make a Wish / Kidney Kids or similar?		



MEDICAL CONTACT INFORMATION TO BE COMPLETED BY FAMILY/WHĀNAU/GUARDIAN

GP's name:

Telephone:

Name of Practice:

Specialist's name:
(if applicable)

Telephone:

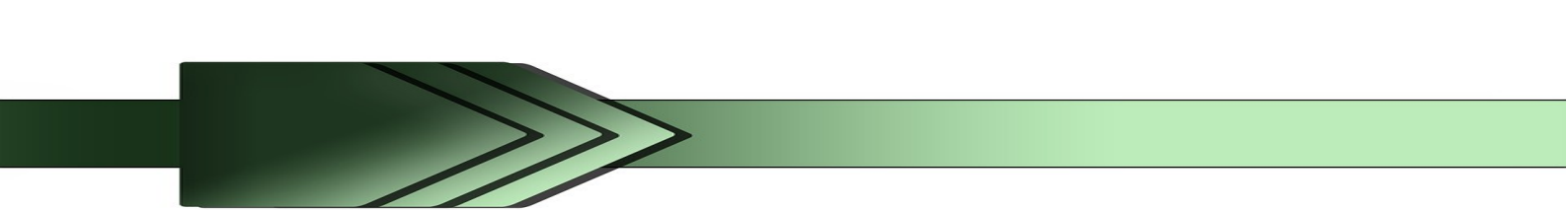
Address:

Medical conditions:

Disability/Impairment:

Allergies:

Medication:



Who provided this application form?

What do you think your child would gain from this trip?

Which agencies, if any are involved in supporting your child?

GENERAL INFORMATION - COMPLETED BY FAMILY/WHĀNAU/GUARDIAN

Please complete the below so we can learn more about your child. If your child is considered for the trip, we will contact you to get more in-depth information which we will use to keep your child safe and well, to insure they have the best time possible on the trip.

Describe, in detail, any help your child needs with personal care.
(eating/dressing/toileting/showering)

Does your child need physical assistance?
(stairs/walking/balance)



How does your child manage their behaviour? As much detail a possible. This will help us give your child the best experience we can.

Does your child need communication support? Describe in detail.

Food likes/dislikes?

Water safety. Please describe your child's water skills.



Other information:

Who can we contact at your child’s school, as part of this application, to enable us to know the best ways to support your child’s trip experience? All applicant’s education provider will be contacted.

Who is the best person to contact?

Name: Phone/Email:

Do you receive carer support days? Yes/No

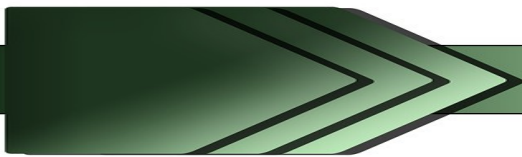
If so, we would appreciate some of this time being transferred to Koru Care Otago.

Please don’t hesitate to contact us if you have any questions:

Carmen Lobb: 021 2014407 or korucareotago@gmail.com 117 Mornngton Road, Dunedin 9011

Tanya Davis: 0274545910 or private message us on Facebook.

Completed applications can be scanned and emailed or posted to the above contacts.



CONSENT FORM

Education provider:

I parent/guardian of

..... give Koru Care Otago my permission to contact my child's school to discuss any relevant aspects with regards to his/her participation on a Koru Care trip.

Name of school:

Person who knows your child the best:

Your name (print):..... Date:

Signature:

Medical specialist:

I parent/guardian of

.....aged (child's age and date of birth),

NHI# (if known) consent to release medical information to the carers travelling with my child on the trip to Auckland with Koru Care Otago Charitable Trust.

I understand that once obtained this information will only be shared with the carers of the Koru Care Charitable Trust and the insurance company.

Doctor/specialist:

Their best contact details - phone/email:

Your name (print): Date:

Signature:

General consent:

I parent/guardian of

.....agree to accept any considered decision made by the Koru Care escorts in respect of the welfare of my child, including medical care if required. I authorize the carers to act on my behalf.

Signature:

Your name (print): Date: