



Koru Care Otago  
c/o 33 Scotland Terrace  
Green Island  
Dunedin 9018

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**KORU CARE TRIP APPLICATION FORM**  
To be completed by Parent/Guardian

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

**If your child's application is approved a passport must be obtained at least 4 weeks prior to trip departure.**

**Trip 16-23rd November, 2018**  
**Applications close 10<sup>th</sup> August, 2018**

CHILDS INFORMATION	
Child's full name: (as per birth certificate/passport)	
Prefers to be called:	
Male / Female (please circle)	Date of birth: (must be at least 10 years old)
Height:	Weight:
	Clothing size: Top
PARENT/GUARDIAN INFORMATION	
Surname:	
First name(s):	
Street number & name:	
Suburb:	
Town/city:	
Telephone contact: Home	Work
	Mobile
Email address:	
TRAVEL	
Does your child have a passport?	Yes / No (please circle)
Has your child been overseas before?	Yes / No (please circle)
If yes, please give details:	

If yes, was it with Koru Care / Make a Wish / Kidney Kids or similar?

**MEDICAL CONTACT INFORMATION**

GP's name:

Telephone:

Name of Practice:

Specialist's name:  
(if applicable)

Telephone:

Address:

Medication:

Medical conditions

Disability/Impairment

Allergies:

Who provided this application form?

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

**GENERAL INFORMATION - To be completed by Parent / Caregiver**

Describe 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 behavior?

Does your child need communication support? Describe

Food likes/dislikes?

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

If your child is considered for the trip, we will contact you to get indepth information which we will use to keep your child safe and well, and so we can insure they have the best time possible on the Gold Coast.

Do you receive carer support days? Yes/No

(If so, we would appreciate some of this time being transferred to Koru Care Otago. We are happy to help you apply for extra days should you wish to do this)

# CONSENT FORMS

I .....  
parent/guardian

of ..... give Koru Care Otago my permission for them 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:

Phone Number:

Teacher's name:

Signed .....

Name (print) ..... Date: .....

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I .....parent/guardian

of .....

aged ..... (child's age and date of birth) consent to release of medical information to the carers travelling with my child on the trip to the Gold Coast with Koru Care Otago Charitable Trust.

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

Doctor..... Phone: .....

Signed .....

Name (print) ..... Date: .....

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. In this respect I authorize the carers to act on my behalf.

Signed .....

Name (print) ..... Date:.....

## Medical Information

<b>MEDICAL ASSESSMENT</b> (to be completed by GP, Physician, Paediatrician)	<b>STRICTLY CONFIDENTIAL</b>
Child's name:	Date of Birth:
Blood group if known:	Height:                      Weight:

<b>HISTORY OF ILLNESS / DISABILITY</b>	
Medical diagnosis	Recent/present treatment (surgery, chemo, DXR, physio)

Present concerns / problems
Allergies: Food / medication

Current Medications:	Dose	Frequency	Route

<b>SPECIAL NEEDS OR PRECAUTIONS</b>	
Special diet	Additional medications for trip: (antibiotics, analgesia, antihistamine, nebulisers)

<p>Does the child need Nebuliser: Yes / No      Oxygen: Yes / No</p>	
<p><b>PORTACATH / ARTERIAL LINE</b> Urinary catheter:</p> <p>Contenance devices:</p>	
<p><b>ADDITIONAL INFORMATION</b></p> <p>Immunisation history Vaccinations up to date Yes / No (please circle)</p> <p>Tetanus Yes / No (please circle)</p> <p>Can the child go swimming? Yes / No (please circle)</p> <p>Can the child go on rollercoaster/simulator type rides? Yes / No (please circle)</p>	
<p><b>SYSTEM OVERVIEW (please make comments as appropriate to enable us to support the child)</b></p>	
<p><b>Head and neck</b> Neck injury?</p> <p>Headaches?</p>	<p><b>Cardiovascular</b></p>
<p><b>Eyes, ears, nose &amp; throat</b></p>	<p><b>Respiratory</b></p>
<p><b>Gastrointestinal</b></p>	<p><b>Genitourinary</b></p>
<p><b>Skin</b></p>	<p><b>Endocrine</b></p>
<p><b>Neurologic</b></p>	<p><b>Musculoskeletal</b></p>

**OTHER – INCLUDING SOCIAL**

**PLEASE COMMENT ON CHILD’S SUITABILITY FOR THE TRIP**

This information given on this form is correct and I have included any reservations I may have regarding the participation of this child on the trip.

Signed ..... Date .....

Name (please print) ..... Phone .....

Email .....