



Koru Care Otago
c/o Carmen Lobb,
117 Mornington Road,
Kenmure, Dunedin 9011
021 2014407
Email
korucareotago@gmail.com
or Anne-Marie McIlroy at
amm.dnnz@gmail.com
021 2363954

KORU CARE TRIP APPLICATION FORM

To be completed by Family/Whānau/Guardian

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

(Trip dates to be confirmed – tentatively looking at March 2021)

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 12 years old and at school)
Height:	Weight:	Clothing size: Top
FAMILY/WHĀNAU/GUARDIAN INFORMATION		
Surname:		
First name(s):		
Street number & name:		
Suburb:		
Town/city:		
Contact:		
Home number		
Work number		
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 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?

Who can we contact at your child's school to enable us to know more about ways to support your child's trip experience?

Please include name and contact details.

GENERAL INFORMATION - COMPLETED BY FAMILY/WHĀNAU/GUARDIAN

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)

Please don't hesitate to contact us if you have any questions.

Carmen Lobb: 021 2014407 or korucareotago@gmail.com

Or

Anne-Marie Mcllroy: 021 2363954 or amm.dnnz@gmail.com

Completed applications can be scanned and emailed or posted to:

Koru Care Otago

c/o Carmen Lobb

117 Mornington Road, Kenmure, Dunedin 9011

Email: korucareotago@gmail.com

0212014407

or Anne-Marie Mcllroy

Email: amm.dnnz@gmail.com

021 2363954



CONSENT FORM

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:

Teacher's name:

Signed

Name (print) Date:

Iparent/guardian of

....., aged (DOB).....

consent to release 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:

Iparent/guardian

ofagree 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:.....