



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

or Anne-Marie McIlroy at
amm.dnz@gmail.com
021 2363954

KORU CARE TRIP APPLICATION FORM

To be completed by Family/Whānau/Guardian

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

Sunday 28th February – Friday 5th March 2021
Application close 30th November 2020.

Please note. Because of COVID-19, the 2021 trip will be to Auckland. We will only travel if the whole of New Zealand is at COVID-19 response Level 1. If your child is selected to attend the trip in February/March 2021, and we have to postpone, your child remains on the list to travel when we are able to reschedule the trip.

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:

Work:

Mobile:

Email address:

TRAVEL

Has your child been on a plane 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)

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 in Auckland.

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 McIlroy; 021 2363954 or amm.dnnz@gmail.com

Completed applications can be scanned and emailed or posted to :

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c/o Carmen Lobb, 117 Mornington Road, Kenmure, Dunedin 9011

or

Email/call:

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or

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If your child is chosen to attend the trip we will be having 2 family get togethers, where you meet all the carers and children going on the trip.

Please keep these free: Sunday 24th January and Sunday 28th March 2021 for these meetings



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:

Teacher's name:

Signed

Name (print) Date:

Iparent/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 Auckland 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:.....