

NZ ADVENTURE 2021 APPLICATION FORM



Please fill in these information pages and email to korucare@xtra.co.nz along with a photo of your child. If your child meets our criteria, a medical questionnaire for your doctor to fill out will be forwarded.

Child's Information		
Full Name:		Preferred Name:
Nature of illness or disability:		
Sex (please tick):	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:
Height:	Weight:	T-Shirt Size (Adult/Child):
Does your child speak and understand English? Please tick Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please provide a brief bio of your child and why they should be chosen to participate in this NZ Adventure (use extra page if necessary)		

Parent or Guardian Information		
Title: Mr/Mrs/Ms/Miss	Surname:	First Name(s):
Are you a Parent <input type="checkbox"/> or Guardian <input type="checkbox"/> (please tick)		
Street Number & Name:		
Suburb:		
Town/City		
Postcode		
Email		
Telephone: Home (0)	Business: (0)	Mobile: (02)

When was your child last hospitalized?
What was the reason?

General Information (to be completed by Parent of Guardian)		
Does your child require any special assistance? <i>(ie Peak flow, Physio, Dressings, Night Nappies etc)</i>	Please tick:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify		
Does your child need or use a wheelchair?	Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/>	
If yes or sometimes, please specify:		
Does your child need or use any of the following:		
Hearing Aids? Yes <input type="checkbox"/> No <input type="checkbox"/>	Artificial Limbs Yes <input type="checkbox"/> No <input type="checkbox"/>	Glasses/Contact Lenses Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (Please specify):		
What supplies or equipment will be accompanying your child? <i>(e.g. Wheelchair, incontinence pads, bed sheets, dressing pads, nebulizers, physio wedge, etc)</i>		
Please specify:		

Continence			
Is bed-wetting a problem?	Please tick	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your child have 'accidents' during the day?	Please tick	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes to either of the above, please give details			

General Ability Information						
<i>Key: 1 – Maximum supervision required, 2 – Supervision required, 3 – Minimal Supervision Required, 4 – Independent (please tick as applicable)</i>						
Activity	1	2	3	4	N/A	Comments
Medications						
Personal Hygiene/Grooming						
Bathing/Showering						
Toileting						
Dressing						
Meals						
Communication						
Mobility (Indoors/Outdoors)						
Transfers (Bed/Chair/Toilet/Bus						

Please describe your child's temperament (<i>Outgoing, reserved, bossy, shy, etc</i>)			
Does your child require any special monitoring? Please tick Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>(If yes, please specify)</i>			
Does your child have any special sleeping patterns or needs? Please tick Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>(If yes, please specify)</i>			
Is there any other information that will assist us in catering for your child?			
Is your child willing to go on theme park rides (if medically allowed)?		Please tick	Yes <input type="checkbox"/> No <input type="checkbox"/>
I would like my details to go on the group mailing list		Please tick	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will your child be willing to be interviewed and chat to More FM on air?		Please tick	Yes <input type="checkbox"/> No <input type="checkbox"/>

Consents			
I, _____, parent/guardian of _____, hereby give Koru Care NZ my permission to use any photographs, film or video taken by them or More FM of _____ on their NZ Adventure trip for the specific purpose of promoting, advertising or displaying the Trust's activities.			
Signed _____	Print Name _____	Date _____	
I, _____, parent/guardian of _____, hereby give Koru Care NZ my permission for them to contact my child's school to discuss any relevant aspects with regard to his/her participation in a Koru Care trip.			
Name of School _____	Telephone number _____	(0_____)	
Teacher's Name _____	Principal's Name _____		
Signed _____	Print Name _____	Date _____	

Consent to Treatment

I, _____, parent/guardian of _____, hereby consent to the medical/surgical treatment of _____. I acknowledge that my child has been given my full permission to undertake a trip within New Zealand under the care of Koru Care Charitable Trust and understand the nature of the trip. I consent to my child receiving full medical treatment of any kind whilst in participating on said trip, and the administering of local or other anesthetics for the purpose of such operation/s. I acknowledge that no assurance has been given that the treatment or operation will be performed by any particular surgeon or pediatrician. Should my child not be current with their vaccinations, I give permission in extreme circumstances, for them to be administered (i.e. tetanus). This consent was read over by myself, the signatory, who acknowledges having understood it fully, and signed in the presence of a witness. I acknowledge that whilst every effort will be made to contact me, in an extreme situation that may not always be possible.

Signed _____ Print Name _____ Date _____

Witness _____ Print Name _____ Date _____

Checklist

Please read and ensure that you have done the following

- Answered all the questions
- Completed and signed all consent forms

Please note that the information you have provided will be used by Koru Care only for the purpose of evaluating your child’s suitability for a Koru Care trip and to provide information to assist us to care for your child if he/she is accepted. This information will remain strictly confidential.

If you have any queries or concerns while completing this application, please contact us. Please do not send an incomplete application form, as it will be returned for completion, and delays may preclude eligibility for an upcoming trip.

To avoid delay, we would prefer the application to be emailed to korucare@xtra.co.nz but if you cannot do this then post the completed form to:
Koru Care Charitable Trust
P O Box125-303
St Heliers
Auckland 1740

Declaration

The information I have provided on this form is correct. I understand that if any information on this form is false, my child’s application may be revoked. I understand also, that if my child is selected and travels with Koru Care, they are to behave as an ambassador for Koru Care. Any behavior that jeopardizes the success of the trip may result in the child being sent home early (although only in extreme circumstances). I understand also, that my child’s eligibility for a Koru Care trip will also be determined on Koru Care attaining full medical/travel insurance and approval to fly from the airline

Signed _____ Print Name _____ Date _____