APPLICATION FORM

Child's Information

Full Name:		Preferred Name:
Nature of illness or disability:		
Sex (please tick): Male ☐ Female☐		Date of Birth:
Height:	Weight:	Clothing Size: (Adult/Child):

Does your child speak and understand English?	Please tick	Yes ☐	No ☐
Does your child have a passport?	Please tick	Yes ☐	No ☐
Has your child been on an overseas trip before?	Please tick	Yes ☐	No ☐
If yes, please provide details, if Australia or America, please be specific of areas visited and activities undertaken:			

Parent or Guardian Information

Title: Mr/Mrs/Ms/Miss	Surname:	First Name(s):
Are you a Parent ☐ or Guardian ☐ (please tick)		
Street Number & Name:		
Suburb:		
Town/City		
Postcode		
Email		
Telephone: Home (0)	Business: (0)	Mobile: (02)

Medical Contact Information

GP's Name:		Telephone Number (0)
Address		
Specialist's Name:		Telephone Number (0)
Address		

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

Who provided this application form?
Who was your referral?

APPLICATION FORM

General Information (to be completed by Parent of Guardian)

Does your child require any special assistance? Please tick: Yes ☐ No ☐
(i.e. Peak flow, Physio, Dressings, Catheters, Night nappies etc)

If yes, please specify

Does your child need or use any of the following:

Hearing Aids? Yes ☐ No ☐	Artificial Limbs Yes ☐ No ☐	Glasses/Contact Lenses Yes ☐ No☐

Other (Please specify):

Does your child need or use a wheelchair? Yes ☐ No ☐ Sometimes ☐

If yes or sometimes, please specify:

What supplies or equipment will be accompanying your child?
(e.g. Wheelchair, incontinence pads, bed sheets, dressing pads, nebulizers, physio wedge, etc)

Please specify:

Continence

Is bed-wetting a problem? Please tick Yes ☐ No ☐

Does your child have 'accidents' during the day? Please tick Yes ☐ No ☐

If yes to either of the above, please give details

General Ability Information

Key: 1 – Maximum supervision required, 2 – Supervision required, 3 – Minimal Supervision Required, 4 – Independent (please tick as applicable)

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						

APPLICATION FORM

Please describe your child's temperament (Outgoing, reserved, bossy, shy, etc)			
Does your child require any special monitoring?	Please tick	Yes ☐	No ☐
(If yes, please specify)			
Does your child have any special sleeping patterns or needs?	Please tick	Yes ☐	No ☐
(If yes, please specify)			
Is there any other information that will assist us in catering for your child?			
Can you please indicate how you may be able to help us fundraising?			
Does your child like theme park rides (if medically allowed)?	Please tick	Yes ☐	No ☐
Does your child like to try new things?	Please tick	Yes ☐	No ☐
Does your child like to get involved in group activities?	Please tick	Yes ☐	No ☐
I would like my details to go on the group mailing list (this is just so families can get in touch with each other)	Please tick	Yes ☐	No ☐

Consents

I, _________________________________, parent/guardian of ______________________________, hereby give Koru Care NZ my permission to use any photographs, film or video taken by them or their sponsors of

____________________ on their Gold Coast/California Adventure trips 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

APPLICATION FORM

I, ________________________________, parent/guardian of ______________________________, understand that should my child be withdrawn from a trip for any other reason than a medical or family emergency, any expenses incurred by Koru Care NZ relating to my child may be passed on to me.

Signed Print Name Date

I, ________________________________, parent/guardian of ______________________________, understand that my child may not bring a phone or other electronic device on the trip.

I also understand that if my child has an injury prior to departure and ends up in a cast or other medical device (moon boot, wrist strapping), I will advise Koru Care ASAP. Your child may need to be moved to a future trip as the parks health and safety do not allow patrons on rides with any medical device or material.

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 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 the care of Koru Care 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

APPLICATION FORM

Checklist

Please read and ensure that you have done the following

- Answered all the questions
- Completed and signed all consent forms
- Read and understood what you have consented to
- Have included medical forms completed by GP, doctor or Specialist (whoever knows your child best)

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.

Post the completed form to: KoruCare Charitable Trust
P O Box 125-303
St Heliers
Auckland 1740

OR Email info@korucare.co.nz

Declaration

The information I have provided on this form is correct and the medical forms attached have been given to my child's Doctor/Specialist for completion. 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 _________

APPLICATION FORM

Medical Assessment	**STRICTLY CONFIDENTIAL**
(To be completed by a doctor who knows your child's medical condition best (ie GP, Specialist, or Pediatrician)	
Child's Name:	Date of Birth:
History of Illness or Disability	
Medical Diagnosis:	Recent/Present treatment (surgery, chemo, DXR, physio)
Present Concerns or problems	Current Medications (including dosage, frequency, route)
Special Needs or Precautions	
Allergies: Blood Group: Medic Alert Bracelet: Yes ☐ No ☐ (if yes, please specify) Please tick Nebulizer: Oxygen: Litres/min: Continence Devices:	Additional Medications for trip: *(Antibiotics, Analgesia, Antihistamine, Nebulizers)* Urinary Catheter: Portacath/Central Line: Special Diet:

Additional Information

Immunisation History Please Tick Up to date ☐ Unknown ☐

Infectious Disease exposure (dates and ages where applicable)

☐ Measles ______________________

☐ Rubella ______________________

☐ Mumps ______________________

☐ Chickenpox ______________________

☐ Covid 19 – Fully Vaccinated (including booster) Yes/No/Medically exempt

If medically exempt, please include documentation. If vaccinated, please forward Vaccine Record

APPLICATION FORM

Can this child go swimming?	Please tick	Yes ☐	No ☐
Can this child go on rough rollercoaster/motion master type rides?	Please tick	Yes ☐	No ☐
Can this child go on theme park rides (small and sedate)?	Please tick	Yes ☐	No ☐

System Overview

Head and Neck Hx of Head injury? Headaches?	**Cardiovascular** Hx of heart defects? Arrhythmia? Rheumatic fever?
Eyes, Ears, Nose and Throat Vision? Conjunctivitis? Hx of middle ear infection? Nose bleeds? Sore throats/thrush?	**Respiratory** Hx of respiratory distress? Hx of Asthma? Normal peak flow? Frequent Cough
Gastrointestinal Hx of GI defects? Diarrhoea/Constipation? Frequent stomach aches? Normal bowel pattern? Laxative/Enema use?	**Genitourinary** Hx of GU defects? Frequency/Pain/UTI's? Continent? Nocturnal enuresis? Menses?
Skin Rashes? Lesions? Hx of scabies/impetigo?	**Endocrine** Hx of jaundice/anemia? Bruise easily? Diabetic?
Neurologic Hx of seizures? Fainting/dizzy spells? Attention span? Development delay?	**Musculoskeletal** Hx of injuries/deformities? Co-ordination? Strength? Joint pain/ROM?

Other?

Please comment on Child's General Condition and Suitability

Declaration

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

Signed: Date:

Name (please print): Telephone (0) Fax (0)