



**KORU
CARE**
Southland

NOMINATION FORM

Child's Name
as per birth certificate

Date of Birth

Child's GP

Address

Contact Phone

PARENT/GUARDIAN APPLICANT INFORMATION

Relationship to child

Parent

Guardian

Name

Address

MEDICAL HISTORY

Please give a brief description of child's health condition.
Include physical, intellectual and emotional needs.

OTHER SUPPORT SERVICES INVOLVED

e.g. Special Ed etc

TRAVEL

Has your child been overseas before?

If yes, please give details if Make a Wish, Jingle Bells, or similar.

YES

NO

Does your child have a current passport?

YES

NO

CONSENT

Can this child travel in the care of Koru Care as part of a large group with care-givers and medical personnel?

YES

NO

All information provided will remain confidential. Completion of this form does not guarantee the nominated child will be chosen for a trip.

SIGNATURE

DATE