

Koru Care Nomination Form

Child's Name (as per birth certificate)

Address

Date of Birth

Child's GP Specialist

Contact Phone Number

Parent/Guardian Applicant Information (please circle)

Name

Address

MEDICAL HISTORY

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

OTHER SUPPORT SERVICES INVOLVED (e.g. Special Ed)

TRAVEL - Has your child been overseas before?

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

Does child have current passport?

CONSENT

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

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

Please Sign

Date