Appendices and References	
Date approved by General Manager and Board of Trustees	June 2024
Reviewed	May 2026
Next review	May 2028
Compliance lead	General Manager

CONTENTS

After School & School Holiday Care for Special Needs Children & Siblings
P O Box 82 341, Highland Park, Manukau, Auckland 2143
Phone: (09) 533 6360
www.lifekidz.org.nz email: cathi@lifekidz.org.nz

Enrolment Details

The following form is to be completed by a parent/ full time caregiver. Please provide as much detail as possible. All information will be kept on record for the use of LifeKidz managers and staff during both the Holiday and After School programmes.

Access to this information may also be provided to Ministry of Social Development and Social Services Accreditation if requested.

Forename(s)	**Surname:**

Address:

Date of Birth:
Diagnosis's and disabilities: (if applicable)
Ethnicity (for statistical reasons). Please state any cultural requirements.

Current Medications

Any medications the child will be given at the program(s) will require completion of Medication Consent Form

Parents & Caregivers

Primary Caregiver:	**Secondary Caregiver:** *(If applicable)*
Name:	Name:
Relationship to Child:	Relationship to Child:
Home Number:	Home Number:

Mobile Number:	Mobile Number:
Work Number:	Work Number:
Email:	Email:
Preferred correspondence caregiver:	
Preferred correspondence email address:	

Emergency Contacts

Please state two additional emergency contacts that are not a primary caregiver

Contact 1:	**Contact 2:**
Name:	Name:
Relationship to Child:	Relationship to Child:
Home Number:	Home Number:
Mobile Number:	Mobile Number:
Work Number:	Work Number:

Child Doctor or Medical Practitioner:

Name:		
Place of Practice		
Address of Practice		
Contact numbers:	( )	( )

Additional Information *(complete where applicable)*

Does your child have any particular health needs we need to be aware of?
Does your child have any known Allergies?
Medical history/anything we should be aware of or may need to pass on in case of emergency?

Eating abilities:

Does your child require assistance with eating/drinking? *(please tick)*	Y	N
Any special food requirements/allergies/dietary needs or supplements?		

Bowel and Bladder Control:

Does your child need assistance with toileting? *(please tick)*	Y	N
State roll of caregiver:		
How does your child usually go to the toilet? *Please give brief description (e.g., On toilet, urinal only, nappy etc…)*		
Ideally how regularly should your child be toileted? *(e.g. in process of training, hourly etc...)*:		

Communication:

How does your child communicate? *(e.g. Special Language, Makaton, Picture Book, hand signals*

Well Being:

Does your child have any impediments in following areas	*please tick*	
Physical disabilities:	Y	N
Visual:	Y	N
Speech:	Y	N
Hearing:	Y	N

Behavioral:

The child's Likes are:
The child's Dislikes are:
The child is easiest settled by:

Transport:

Does your child have any specific transport requirements:	
Access requirements:	
Special Instructions:	
People Authorised to pick up my child.	
Name/ Company *(Taxi etc…)*	**Contact number:**

I Give permission for LifeKidz Trust to use photographs of the above child for the following purposes:
Please tick and then sign below

For use in house (LifeKidz staff only) ϒ

For Advertising & public display (May appear on LifeKidz website, brochures, posters etc.) ϒ

I give permission for my son/daughter to partake on trips and excursions undertaken while at the LifeKidz Trust ϒ

Parents Signature: _____

If you have any queries please contact us on 09 533 6360 or email cathi@lifekidz.org.nz

Complaints: Parents will be informed on enrolment of the LifeKidz Holiday Programme complaint procedure. This will be included in information given to parents at enrolment and clearly displayed at the LifeKidz Holiday Programme. This information will include the contact details of Child, Youth and Family (912 3820), or Taikura Trust (278 6314) should parents wish to report a serious concern.

PLEASE FILL IN THE ATTACHMENTS BELOW IF NECESSARY

LifeKidz Trust

MEDICATION CONSENT FORM

The top portion of the form is to be completed by a parent/caregiver. If needed please fill out a new form for each medication your child requires.

Consent for medicines to be administered to:

Forename(s)	Surname:

Name of Medication(s):
Medication 1:
Medication 2:
Medication 3:
Medication 4:

Reason/circumstance For Medication(s):
Dosage:
Medication 1:
Medication 2:
Medication 3:
Medication 4:
Administering instructions:

Medication will be given over the following dates/period:

From: | To:

As needed: ϒ / scheduled (certain times): ϒ (Please *tick)*

As needed (please explain the signs/ occurrences**):**

Scheduled Times:

Medication	Time1	Time 2	Time 3	Dosage/Amount	Mo	Tu	We	Th	Fri

Parent's contact number(day) _____

Doctor name: _____ Doctor number: _____

I give permission in my absence for the manager(s) of LifeKidz Trust to manage my child's medication as per the above schedules.

Name in print: _____ Date:

____/____/____Signature:_____

Manager name:_____ Date:

____/____/____Signature:_____

LifeKidz Trust

EPILEPSY & SEIZURE PLAN

Forename(s)	Surname:

The following is a detailed description of the possible Seizures your child may experience and the method of response that LifeKidz Staff will employ. This form is required to be completed half yearly or unless in need of updating.

My Child experiences the following types of seizures:

Symptoms of seizure (body, eye movements, involuntary movements):

Please outline a typical response to a seizure (medication-dosage, recovery position, ambulance etc…):

My child uses the following medications (at home or on-site):

If on- site please complete the Medication Consent form also attached

	DOSAGES *(for onsite medication)*

Are there any specific time frames to be aware of during your child's seizure?

Are there any specific triggers? (Noise/light/temperature etc…)

How often do or could these occur?

My child is allergic to said medications:

LifeKidz will contact the primary caregivers or emergency contacts if (please tick):

(Parents will always be notified immediately if professional medical assistance such as ambulance is responding)

Each seizure: ϒ	After ____ minutes: ϒ	Not necessary: ϒ	Other (please state below): ϒ

Caregiver:	**Date completed: / /**	**Signature:**
LifeKidz Manager:	**Date sited: / /**	**Signature:**
	Date of next completion:	

Appendix 2

Accident / Incident Form

Date Time
Children Involved (Initials only)
Staff Involved
What Happened:

Injuries?

Treatment?

Staff Signature Date

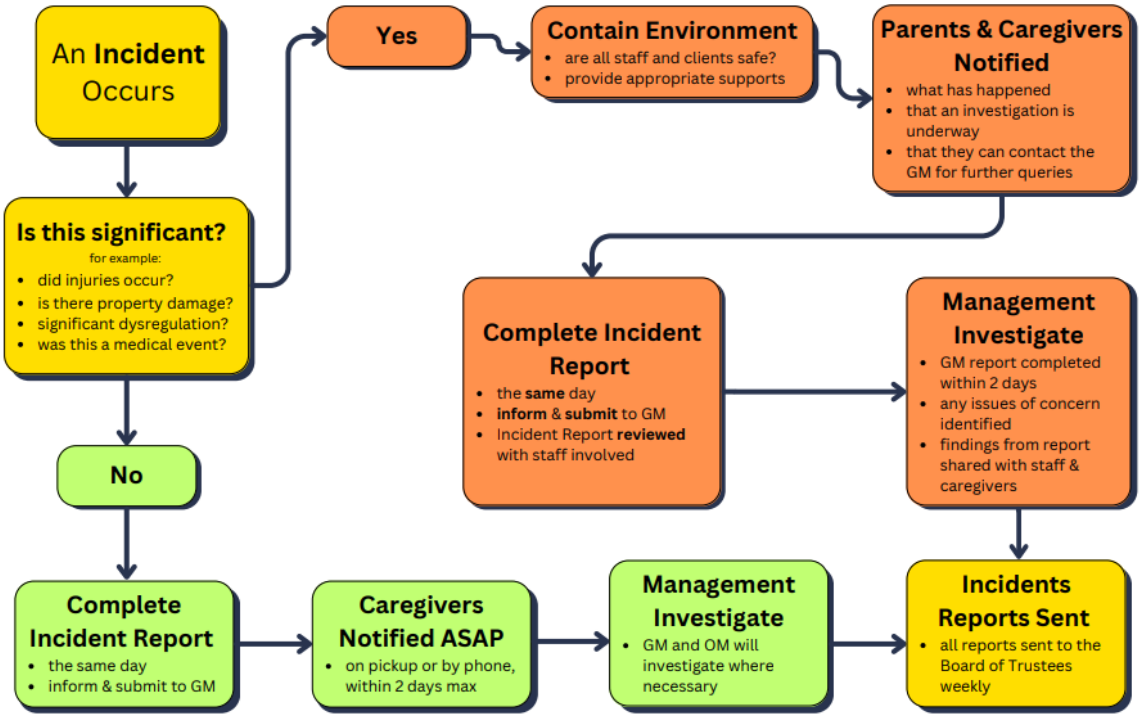
Follow Up Actions

Managers Findings:

Minor Moderate Serious		
Parent Notified:	Date:	Time:
Manager's Signature		Date

LifeKidz
Special Care For Special Kidz

Incident & Accident Reporting



Appendix 3

PO Box 82-341 Highland Park, Auckland 2143
The Depot, Sir Lloyd Drive, Pakuranga, Auckland, 2143
Ph: 09 5336360
www.lifekidz.org.nz

Name of Participant ……

I give my authority for LifeKidz to …..

1	Collect and release information from relevant agencies or individuals to ensure appropriate and current information is available to sustain client needs and well being.	
2	Share information with my current school or any other education provider, family members and other significant stakeholders or treatment teams as required.	
3	Permit the use of photographs and / or video footage for use by LifeKidz on their Website or social Media platform.	

Parent/ Carer Name …….

Signature …….. Date……..

LIFEKIDZ STAFF WELLNESS PROGRAM

Free counselling support

As a valued Lifekidz staff member you are entitled to
6 free counselling sessions. You do not need to tell us what it is for,
Phone for an appointment and state you are a Lifekidz staff member.
karlien@erasmustherapy.com
Online consultations.
WhatsApp or text: Tel. +64-22-407-2126 (NZ)
This process is totally anonymous. No one will report back to us on the process.

LifeKidz Trust

Holiday Programme Site Hazard Check

This form is to be completed daily during holiday programmes. Initial your name on the day.

For the period	From:	To:
Fire drill date:		Signed:

Duty/ Hazard	**Description**	M	T	W	T	F
Please check the box each morning and afternoon.		MA	MA	MA	MA	MA
Outdoors	No rubbish, equipment in good condition, Foreign/dangerous objects removed.	☐☐	☐☐	☐☐	☐☐	☐☐
Playground	All functions in working order, foreign objects removed.	☐☐	☐☐	☐☐	☐☐	☐☐
Hall	Foreign/dangerous objects removed.	☐☐	☐☐	☐☐	☐☐	☐☐
Toilets	Floors are clear & dry; no rubbish lying around; clean and stocked	☐☐	☐☐	☐☐	☐☐	☐☐
Boundaries	Check that all areas are appropriately maintained. Fire exits/Fences/gates	☐☐	☐☐	☐☐	☐☐	☐☐
All Other rooms	Floors, rubbish, equipment, hazardous items locked away	☐☐	☐☐	☐☐	☐☐	☐☐
Equipment storage	All cupboards/containers stocked SAFELY and locked (if applicable)	☐☐	☐☐	☐☐	☐☐	☐☐
Toxic items	Items stored in correct locations and locked if applicable	☐☐	☐☐	☐☐	☐☐	☐☐
First aid	In correct place, stocked.	☐ **Checklist Completed**				

Day	**Comments**	**Initials**
M		
T		
W		
T		
F		

Managers comments:

Hazards have been transferred to log ☐ Fire Drill Conducted ☐ Managers Signature:_____

LIFEKIDZ FIRE EVACUATION PROCEDURE

In the event of a fire if you are in the:
Hall - evacuate to the playground.
Classrooms - evacuate to the carpark then into the playground.

DO NOT re-enter the building until the warden gives the clearance.

Name of fire warden on duty

(AM): ……

(PM): ……

- Fire wardens carry keys to the playground at all times.
- Fire wardens carry a photograph of the attendance sheet on their phones in order to complete a roll call of staff and participants.

Appendix 7

Community Day Program attendance High Needs

Example

Community Day Programme Attendance														
Feb-24	High Needs (HN)													Additional Charges/Notes
	Sign In	Sign In	Sign In	Sign In	Sign In	Sign In	Sign In	Sign In	Sign In	Sign In		Sign in	Sign in	
Thurs 1st Feb														
Fri 2nd Feb														
WEEKEND														
Mon 5th Feb														
Tues 6th Feb														
Wed 7th Feb														
Thurs 8th Feb														
Fri 9th Feb														
WEEKEND														
Mon 12th Feb														
Tues 13th Feb														
Wed 14th Feb														
Thurs 15th Feb														
Fri 16th Feb														
WEEKEND														
Mon 19th Feb														
Tues 20th Feb														
Wed 21st Feb														
Thurs 22nd Feb														
Fri 23rd Feb														
WEEKEND														
Mon 26th Feb														
Tues 27th Feb														
Wed 28th Feb														
Thurs 29th Feb														

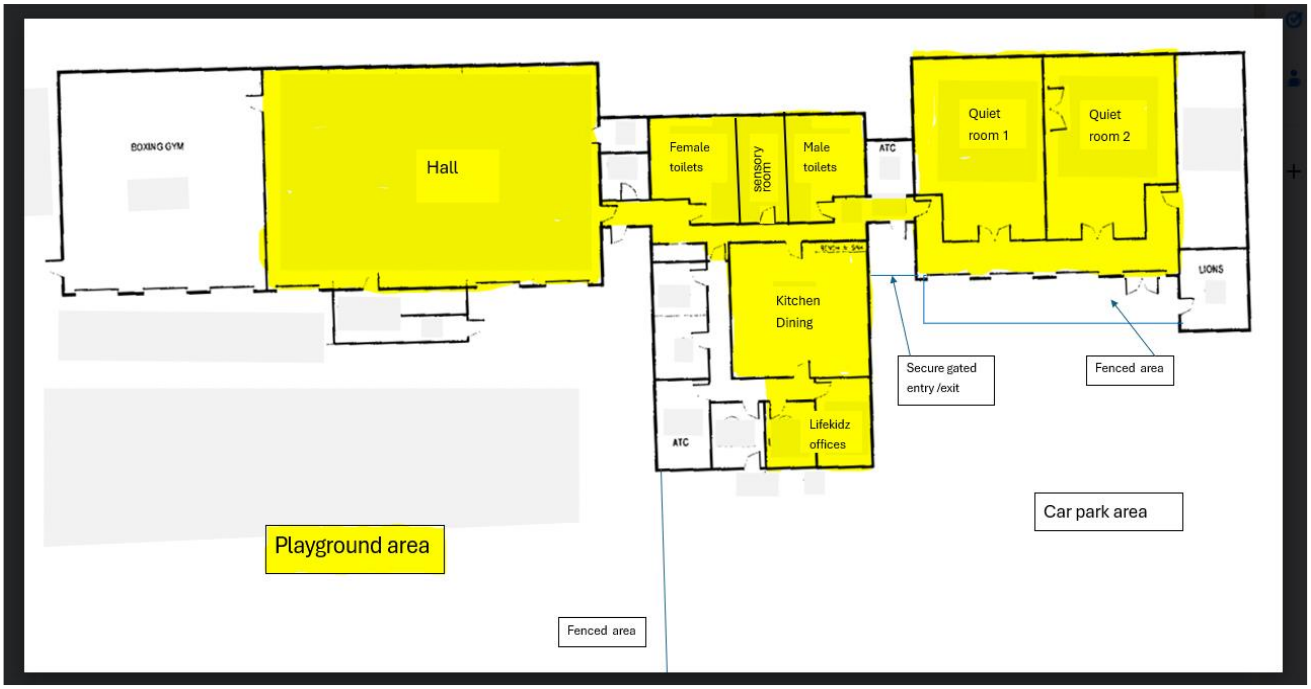
Community Day Program attendance very high needs

Example

Community Day Programme Attendance								
Feb-24	VERY HIGH NEEDS							Additional Charges/Notes
	Sign In	Sign In	Sign In	Sign In	Sign In	Sign In	Sign In	
Thurs 1st Feb								
Fri 2nd Feb								
WEEKEND								
Mon 5th Feb								
Tues 6th Feb								
Wed 7th Feb								
Thurs 8th Feb								
Fri 9th Feb								
WEEKEND								
Mon 12th Feb								
Tues 13th Feb								
Wed 14th Feb								
Thurs 15th Feb								
Fri 16th Feb								
WEEKEND								
Mon 19th Feb								
Tues 20th Feb								
Wed 21st Feb								
Thurs 22nd Feb								
Fri 23rd Feb								
WEEKEND								
Mon 26th Feb								
Tues 27th Feb								
Wed 28th Feb								
Thurs 29th Feb								

Appendix 8

SITE PLAN
Plan of the building showing the room configuration



Yellow areas show areas used by LifeKidz Trust.

Appendix 9

LifeKidz
Special Care For Special Kidz

Off Site Plan

Location/ Destination:		
Time of Departure:		
Time of Return:		
Date:		
Supervisor	*Name:*	*Signature:*
Manager Approved	*Name:*	*Signature:*
Additional Staff		

Personnel Register:

Ensure that staff to children ratio is adequate and then get Managers approval			Roll Call Prior		Roll Call Location		Roll call Return	
	Participants		P	A	P	A	P	A
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								

General Checklist	Tick	Transport	
Driver			
Staff Briefed	☐		
First Aid	☐		
Medication: if necessary (see supervisor)	☐		
Water bottles/Wipes/Tissues/Plastic Bags/sun block/ Hats	☐		
Staff know roles and have allocated participants	☐		
You have explained rules and boundaries	☐		
Staff and participants have been briefed	☐		

Contact Person(s)/Responsibilities	Contact number/Communication Method
Leader/ Trip Supervisor:	
First Aid (current certificate):	

Emergency Procedure

First Aid bearers	
Meeting point	
Emergency Drivers	
Nearest Medical Facility	
Additional info	

General Plan for Outing

Time	Activity:	Notes/ equipment

RAMS
LifeKidz Trust - Risk Assessment

Activity details	**Drive** FORM COMPLETED BY Name: Signature: Date: ACTIVITY APPROVED BY Name: Signature: Date:

Review	Comments: Recommendations: REVIEW MADE BY Name: Signature: Date:

Details of hazards / risks *(people, behaviour, equipment, environment)*	**Action taken to reduce the risk of harm**
Lack of supervision	No participants are allowed out of the van
Minor cuts and abrasions	First Aid Kit on board
Dehydration	Staff to bring water bottles

Accident	Call 111 if required or LifeKidz General Manager /Program Supervisor Cathi 027 238 2924 Pravina 027 300 9207
Flat Tyre	Keep all children in the van with a staff member Change tyre if able to in a safe place and manner, if not suitable call LifeKidz for a replacement van to collect the children and return them to LifeKidz.
Accident/ emergency steps	Ensure all children are safe and in seat belts with harnesses or angel guards on if required.
Relevant procedures or policies	Any incidents or concerns are reported to General Manager Sun smart procedures also apply during relevant time of year

Appendix 10

Incident Form

Date	Time
Participants Involved (Initials only)	
Staff Involved	
What Happened:	
Injuries?	

Treatment?

Staff Signature	Date

Incident Form

Follow Up Actions

Managers Findings:

Minor Moderate Serious
Parent Notified: Date: Time: Signature
Manager's Signature Date

References

Out of School Care and Recreation (OSCAR) Programmes. Standards for approval and provider guidelines. Ministry of Social Development, 2011.