

<b>Appendices and References</b>	
<b>Date approved by General Manager and Board of Trustees</b>	<b>June 2024</b>
<b>Date for next review</b>	<b>June 2026</b>
<b>Compliance lead</b>	<b>General Manager</b>

## CONTENTS

	<b>Page</b>
<b>Appendices</b>	
<b>1. Enrolment Form</b>	<b>2 – 8</b>
<b>2. Accident and Incident Form</b>	<b>9 - 10</b>
<b>3. Parental Consent Form</b>	<b>11</b>
<b>4. Wellness Support Information</b>	<b>12</b>
<b>5. Hazard Checklist Form</b>	<b>13</b>
<b>6. Fire Evacuation Procedure</b>	<b>14</b>
<b>7. Community day programme attendance high needs</b>	<b>15</b>
<b>8. Community day programme attendance very high needs</b>	<b>16</b>
<b>9. Site plan showing room configuration</b>	<b>17</b>
<b>10. Off site plan and RAMS</b>	<b>18 - 21</b>
<b>11. Incident form</b>	<b>22 -24</b>
<b>References</b>	<b>25</b>



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](http://www.lifekidz.org.nz) email: [cathi@lifekidz.org.nz](mailto: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.

<b>Forename(s)</b>	<b>Surname:</b>
--------------------	-----------------

**Address:**

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

### Current Medications

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

--

### Parents & Caregivers

<b>Primary Caregiver:</b>	<b>Secondary Caregiver: (If applicable)</b>
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 at least one additional emergency that is not a primary caregiver

<b>Contact 1:</b>	<b>Contact 2:</b>
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 whilst eating/drinking? <i>(please tick)</i>	Y	N
Any special food requirements/allergies/dietary needs or supplements?		

**Bowel and Bladder Control:**

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

**Communication:**

How does your child communicate? <i>(e.g. Special Language, Makaton, Picture Book, hand signals etc...):</i>
--

**Well Being:**

Does your child have any impediments in following areas	<i>please tick</i>	
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:	
<b><u>People Authorised to pick up my child.</u></b>	
<b><u>Name/ Company</u> (Taxi etc...)</b>	<b><u>Contact number:</u></b>

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)

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

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

Parents Signature: \_\_\_\_\_

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

<b>Name of Medication(s):</b>
Medication 1:
Medication 2:
Medication 3:
Medication 4:

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

Medication will be given over the following dates/period:

From: \_\_\_\_\_ | To: \_\_\_\_\_

As needed:  **OR** scheduled (certain times):  ( 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*

	<b>DOSAGES</b> (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:  | After \_\_\_\_ minutes:  | Not necessary:  | Other (please state below):

---

<b>Caregiver:</b>	<b>Date completed:</b> /    /	<b>Signature:</b>
<b>LifeKidz Manager:</b>	<b>Date sited:</b> /    /	<b>Signature:</b>
	<b>Date of next completion:</b>	



Accident / Incident Form

<u>Date</u>	<u>Time</u>
<u>Children Involved (Initials only)</u>	
<u>Staff Involved</u>	
What Happened:	

---

Injuries?
-----------

---



---



---

Treatment?
------------

---



---

Staff Signature	Date
-----------------	------

Follow Up Actions
-------------------

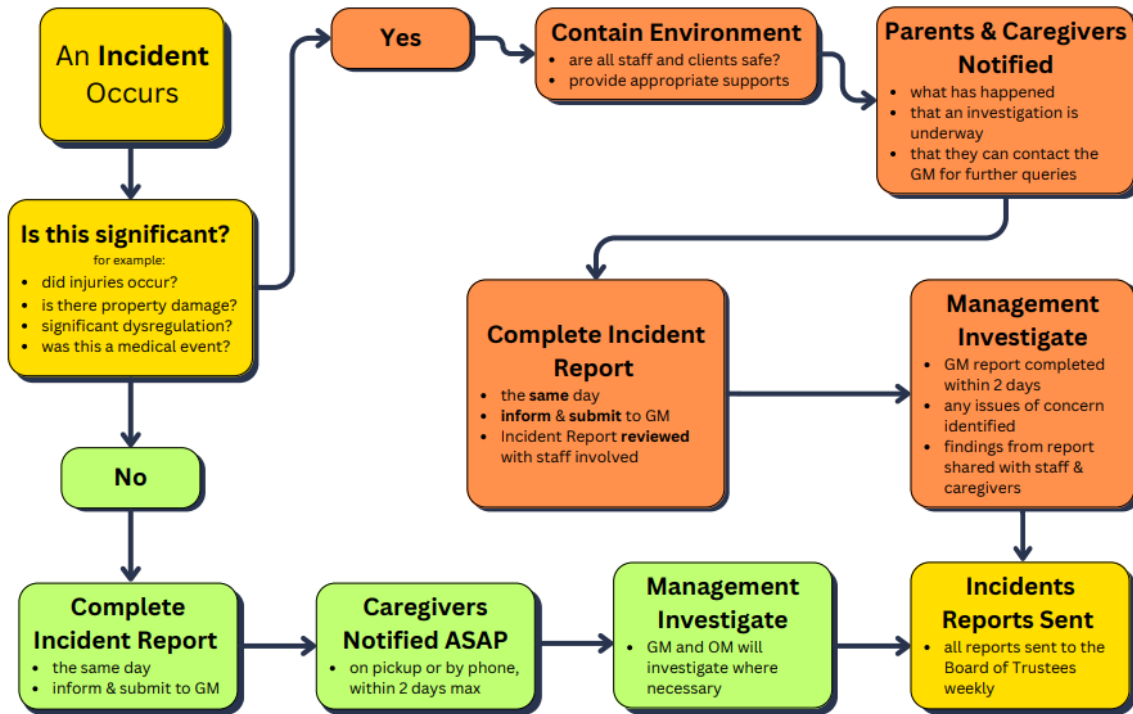
---

Managers Findings:
--------------------

---

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

# Incident & Accident Reporting





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

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

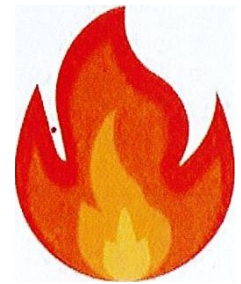
<u>Day</u>	<u>Comments</u>	<u>Initials</u>
<b>M</b>		
<b>T</b>		
<b>W</b>		
<b>T</b>		
<b>F</b>		

**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.

Community day programme 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	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													

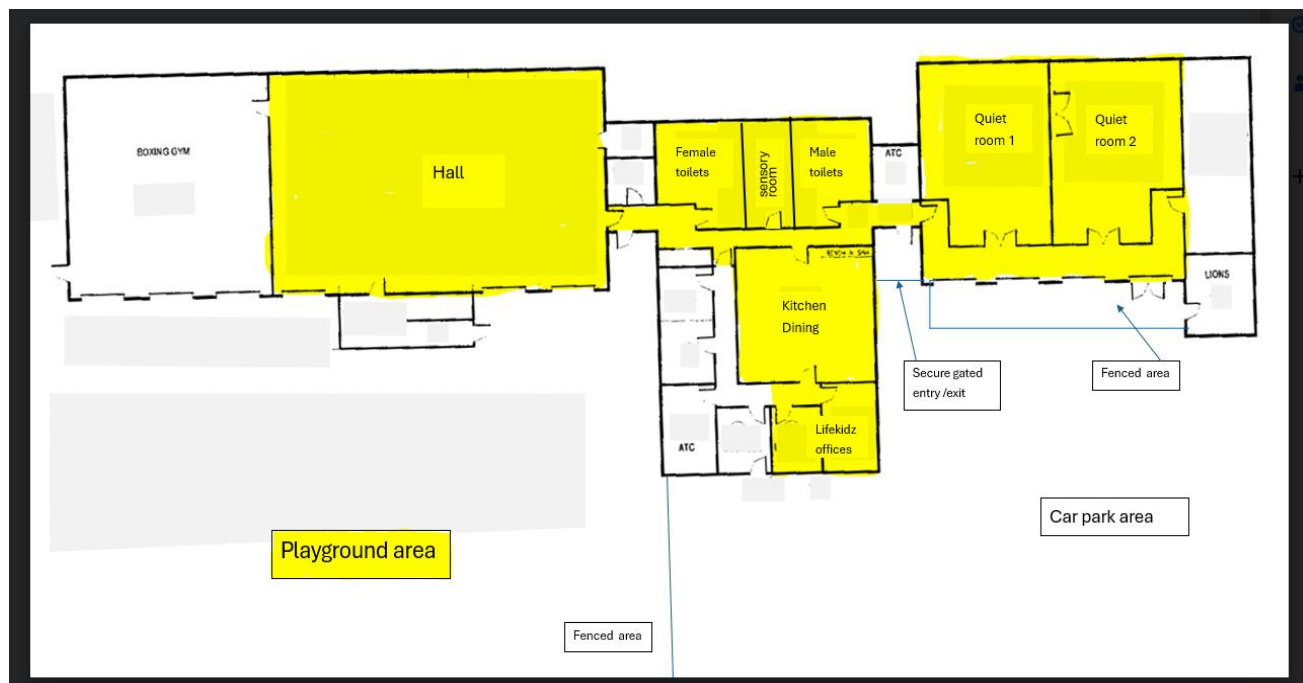
# Community day programme attendance very high needs

## 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								



**SITE PLAN**  
**Plan of the building showing the room configuration**



Yellow areas show areas used by LifeKidz Trust.



**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			<u>Roll Call Prior</u>		<u>Roll Call Location</u>		<u>Roll call Return</u>	
	<u>Participants</u>		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



<p>Accident</p>	<p>Call 111 if required or LifeKidz General Manager /Program Supervisor Cathi 027 238 2924 Pravina 027 300 9207</p>
<p>Flat Tyre</p>	<p>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.</p>
<p><b>Accident/ emergency steps</b></p>	<p>Ensure all children are safe and in seat belts with harnesses or angel guards on if required.</p>
<p><b>Relevant procedures or policies</b></p>	<p>Any incidents or concerns are reported to General Manager  Sun smart procedures also apply during relevant time of year</p>



Incident Form

<u>Date</u>	<u>Time</u>
<u>Participants Involved (Initials only)</u>	
<u>Staff Involved</u>	
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.](#)